

# JOINT HAMPSHIRE MENTAL HEALTH COMMISSIONING STRATEGY

“Building Mental Health and Well Being”

## Consultation Document

26<sup>th</sup> July - 19<sup>th</sup> November

Hampshire County Council / NHS Hampshire



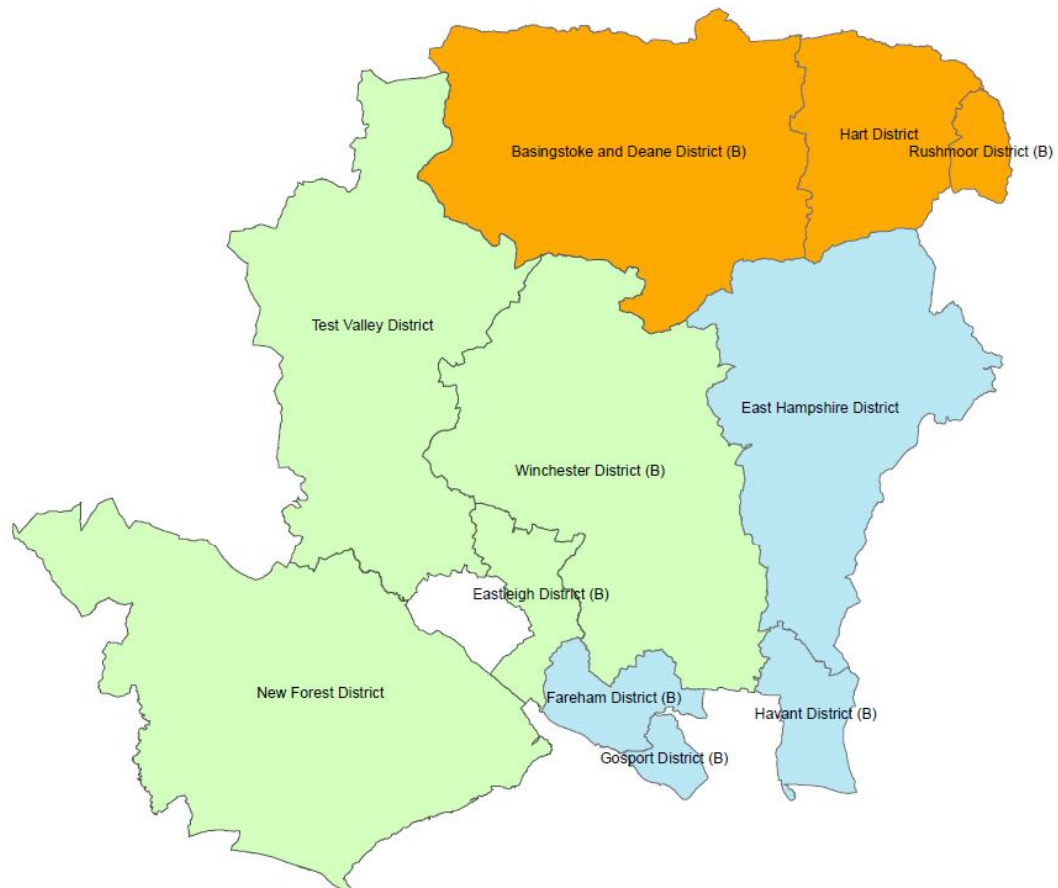


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


**“Building Mental Health and Well Being”**

2011 - 2016

# Mental Health Commissioning Areas



## Legend

-  East Hampshire
-  Mid Hampshire
-  North/NE Hampshire

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Produced for the Adult Services Mental Health Commissioning Team, February 2010

- There are currently 3 Local Implementation Teams (LITs) - West, South East North and 1 Stakeholder Group North East Hampshire involved in the commissioning of mental health services
- At present, Alton and Bordon area is covered by the North Hampshire LIT

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## GLOSSARY

AMHP	Approved Mental Health Professional	Mental health professional with additional training, responsible for organising, co-ordinating, and contributing to Mental Health Act assessments
Assertive Outreach Team		Secondary mental health teams providing intensive support for the severely mentally ill people who are 'difficult to engage' in more traditional services
Big White Wall		Electronic support network for emotional health
Brokerage (also care broker or support planner)		Advising service users on services and support that are available locally.
Carers Support Workers		Staff working in secondary mental health service supporting people who care for those in receipt of services
Care pathway		Multidisciplinary outline of possible interventions, placed in an appropriate timeframe, to help a person with a specific condition or set of symptoms/needs move progressively to a positive outcome
CDO	Community Development Officer	Hampshire team working in partnership with health and social care services and local BME communities and other marginalised groups
CMHT	Community Mental Health Team	Secondary mental health community team
Co-production		Active input by the people who use services together with those who have traditionally commissioned or provided them
CPA	Care Programme Approach	Planning process for people who use secondary mental health services
CSW	Carer Support Worker	Staff based in mental health teams, working with carers of people using mental health services
Direct Payment		Money which is paid by Hampshire County Council direct to people with care requirements so they can arrange services to meet their social care needs
Expert by experience		Knowledge that service users and carers have acquired through either the very experience of or caring for someone with a mental health disorder
Family Group Conference		A way of giving families the chance to get together to try and make the best plan possible for children
FIP	Family Intervention Project	An 'assertive' and 'persistent' style of working to challenge and support families to address the root causes of problems and improve outcomes – part of Cross-government Respect programme
Hampshire Model		The collective name for work undertaken as part of the transformation programme for Adult Services
HoNOS & HoNOS Plus	Health of the Nation Outcome Scale	Scale to measure the health and social functioning of people with severe mental illness
Individual (health) budget		An amount of money, possibly from several funding sources, that a person can use to purchase services from the public, private or voluntary sector to meet their health and/or social care needs
Individual Placement Support		Nationally agreed best practice model for vocational advice services

JSNA	Joint Strategic Needs Assessment	Government requirement of Primary Care Trusts and Local Authorities to identify the current and future health and wellbeing needs of a local population
LIT	Local Implementation Team	Local multi-agency groups set up to monitor and review implementation of the National Service Framework for Mental Health (see below)
MAPPA	Multi-Agency Public Protection Arrangement	Statutory arrangements supporting the assessment and management of the most serious sexual and violent offenders
MARAC	Multi-Agency Risk Assessment Conference	Process combining risk assessment and a multi-agency approach to help very high risk victims of domestic abuse
Mental Health Observatory		Organisation that collates and publishes data about mental health care in England, collected routinely or through special surveys, by health and social services
National Psychiatric Morbidity Survey		Government commissioned survey to determine prevalence of a range of mental disorders in the general household population
NSF	National Service Framework	10 year workplan for mental health published in 2000
One stop shop		Facility where several services are based or available
Partnerships		Informal arrangements between organisations and groups to work together. See S75 for formal arrangements.
PbR	Payment by Results	National rules-based system for paying trusts, linked to activity and adjusted for casemix. Not yet implemented in mental health
PCT	Primary Care Trust	Local health organisation commissioning and managing health services first encountered by people. In Hampshire, NHS Hampshire and Hampshire Community Health Care
Personal budget		Like the individual budget, but solely made up of social care funding
Personalisation		A new vision for the future of social care with an emphasis on the person's dignity, right to choose what is best for them and to have control over the services they receive
PICU	Psychiatric Intensive Care Unit	In-patient unit for people requiring an enhanced level of treatment
Psychological therapies		Collective term for a range of therapeutic techniques used by trained staff i.e. Cognitive Behavioural Therapy
PTSD	Post Traumatic Stress Disorder	Severe anxiety disorder following exposure to a traumatic event where a person can see they are in danger, their life is threatened, or where they see other people dying or being injured
QOF	Quality & Outcomes Framework	Voluntary annual reward and incentive programme for all GP surgeries
Recovery		Not about 'cure' but recognising people's abilities, hopes, interests, dreams and retaining or re-establishing the social roles and relationships that give meaning to their lives
Recovery Star		Tool for supporting and measuring change when working with adults of working age who are accessing mental health support services
S12 Dr	Section 12 Mental Health Act 1983	Doctor trained and approved to assessment and make recommendations regarding compulsory detention of

		people under the Mental Health Act
S75	Section 75 NHS Act 2006	Legal partnership arrangement between a Local Authority and NHS organisation allowing pooled funds for designated services, delegation of commissioning to a lead authority and integrated provision of staff, resources and management. Currently in mental health there is an agreement between the County Council and HPFT around integrated provision of staff, resources and management and between NHS Hampshire and the County Council for pooled funds in Mid Hampshire
Safeguarding		Covers protection of children and vulnerable adults
SDS	Self directed Support	System which allows people to be in control of the support they need to live their life as they choose
shop4support		Website that helps people take charge of their own support so they can live the life they want
Social inclusion		Policy describing means to combat a combination of linked problems such as unemployment, poor mental health, low income, poor housing as described by the Social Exclusion Unit in 2004
Think Family		Policy from the Social Exclusion Unit aimed at securing better outcomes for children, young people and families with additional needs by co-ordinating the support they receive from services and building the family dimension into everything we do
3 <sup>rd</sup> sector organisations		Not for profit and non-Government organisations
Transition		Move between services due to age or differing need
Universal offer		Available to a person or their carer(s) with a social care need in terms of information, advice, support with assessment, signposting to community support together with promoting development of appropriate community support
WRAP	Wellness Recovery Action Plan	Process used within Hampshire, developed in the USA by Mary Ellen Copeland. "The goals of Mental Health Recovery and Wrap are to teach participants recovery and self-management skills and strategies for dealing with mental health difficulties"

## WORLD CAFÉ CONSULTATION

On Thursday 8<sup>th</sup> October we held an engagement event at the Middle Brook Centre in Winchester. This took the form of a World Cafe<sup>1</sup> which provided the opportunity for everyone present to engage with important questions about the future direction of mental health services.

These are the ten most important things that our stakeholders, including many service users and carers, told us they wanted (in alphabetical order):

- Accessible services – both in regard to time and place
- Community support / social groups
- Complementary and alternative therapies
- Early intervention / preventative support
- Employment services / benefits advice
- Family and carer support, including respite
- Psychological / talking therapies
- Services out-of-hours – specialist and third sector
- Service user involvement
- Wellbeing Centres / One-stop shops

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<sup>1</sup> [www.theworldcafe.com](http://www.theworldcafe.com)



## OUR VISION AND OUR PLEDGE

In Hampshire we will build mental health and well being through personalised services that meet the needs of all our residents and all our communities.

We will work together to create services, facilities and opportunities that are responsive, flexible, effective and provide value for money.

## EXECUTIVE SUMMARY

Poor mental health is one of the biggest social issues in the UK today. At any one time, one in six people experience mental health problems, and one in four will have a mental health problem in their lifetime; this can have high costs for the individuals and their families.

Beyond this, poor mental health has a significant impact on national prosperity and wellbeing. It is inextricably linked to the causes and consequences of many major public policy issues, including poverty and exclusion, unemployment, crime, chronic illness, low educational attainment, anti-social behaviour and lack of social cohesion.

*The Mental Health National Service Framework (1999) (NSF)<sup>2</sup>* required an implementation programme for a set of services and strategies with additional financial input. It aimed to achieve national consistency in the service model and greater equity in service standards. Its focus for partnership working was primarily on Primary Care Trusts, Local Authorities and Provider Trusts, and it was driven by rigid central targets. The Government's policy *New Horizons: A Shared Vision for Mental Health<sup>3</sup> (7.12.09)* has provided a robust framework on which the Joint Hampshire Mental Health Commissioning Strategy is built upon.

With the *NSF* term having come to an end this strategy provides a direction for the next 5 years, focusing on enabling and supporting people to:

- be in control of their lives;
- have services that are equitable, consistent and value human rights;
- have valuing relationships;

<sup>2</sup>

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4009598](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598)

<sup>3</sup> [http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_103144](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_103144)

- reach their full potential.

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.

In Hampshire, both Adult Services and Health Services spend approximately £130 million a year on Mental Health services. With approximately 75% of this funding tied up in block contracts arrangements with specialist secondary care providers. The strategy requires no additional investment and through transformation will deliver cost efficiencies. The strategy will direct service and market change in a manner that enables growth, flexibility and scope for improving choice, wellbeing, clinical effectiveness and safety. It will be more localised, personalised and supportive of local innovation. The partnerships will span a local market in its widest sense and achieve an interface with community (not just mental health) services, businesses and facilities towards effective social inclusion.

We will seek to improve the ways in which we measure productivity and demonstrate an increase in this. This will need to achieve a balance between:

- the patient experience and choices;
- the clinical effectiveness;
- the cost effectiveness;
- concrete outcomes such as employment and settled accommodation.

We believe our Joint Commissioning Strategy needs to reach all parts of the Hampshire mental health community. We take as our starting point that people who use mental health services are at the centre of all that we commission as we move into a world of partnership and co-production, where citizens share responsibility for their wellbeing and mental health with commissioners and service providers.

In every aspect of life, wellbeing and mental health are essential to the quality of our innermost feelings and our experience of life; our relationships with people, our living conditions, our work and opportunities. This strategy embraces the vision set out in *New Horizons* and seeks to apply this to people with mental health needs by using its value base to provide the foundations. Consequently it has needed to be cognisant of the broad remit of *New Horizons*, covering mental health within a wellbeing context and being concerned with:

*“strategies, resources and interventions needed to meet the whole span of mental health needs, from prevention of mental health problems through to effective treatment and recovery from severe mental illness.”<sup>4</sup>*

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<sup>4</sup> (*New Horizons*, 2009, p9)

## WELLBEING

As an Adult Mental Health Commissioning Strategy this strategy will have a primary focus on addressing mental health issues for adults meeting the needs of the most vulnerable and seriously unwell people with common mental health needs. At all times the broader context such as health promotion, children's mental health and development, transition arrangements with related services, and the science of wellbeing<sup>5</sup>, will remain as themes providing the backdrop to this strategy

Every aspect of every service including assessment, clinical practice, social care, supervision and management will have a recovery and 'Think Family' focus. The strategy recognises wellbeing as a continuum throughout life that will range from enjoying life and coping with its periods of loss, stress and conflict, to suffering from acute mental ill-health.

## MENTAL HEALTH

Too often, 'mental health' is seen as being focused solely on people with mental health problems being treated in specialist services. But mental health should be considered as a positive resource for everyone, that needs to be nurtured. National and local government, local communities and public services all play a role in contributing to mental health. There is increasing interest in what national and local governments should do to promote mental health and well being.

The variation in mental health problems represents a challenge for commissioners and providers.

*"The term common mental disorder encompasses depression, anxiety, phobias, and obsessive compulsive disorder Their diagnosis is based on the presence of symptoms (of sufficient quantity, severity and chronicity) such as low mood, fatigue, irritability, poor concentration, impaired sleep, appetite and libido, low self esteem, feelings of worthlessness, suicidal ideation, palpitations, trembling, feelings of unreality, a fear of dying, and repetitive and compulsive thoughts and actions"*<sup>6</sup>

Significant life events identified by the *Foresight*<sup>7</sup> research, which has brought together current research findings, are: becoming a parent, death of a parent, divorce, death of a spouse, unemployment, financial pressures and illness.

We will develop approaches that reflect particular life experiences, including childhood abuse and trauma experienced through military conflict.

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<sup>5</sup> (*The Science of Well-Being*, FA Huppert et al, OUP Oxford, 2005)

<sup>6</sup> (*Mental health: future challenges, Foresight Mental Capital and Wellbeing Project*, 2008,p29 &31)

<sup>7</sup> <http://www.foresight.gov.uk/index.asp>;

## WORKING IN PARTNERSHIP

The importance of quality in addressing future health needs was a key emphasis in what is known as the *Darzi Report*<sup>8</sup> which also stressed partnerships and a personalised approach:

*“Partnership working between the NHS, local authorities and social care partners will help to improve people’s health and wellbeing, by organising services around patients, and not people around services. This will lead to a patient centred and seamless approach..... In addition local NHS organisations should work in partnership with the local authority, 3<sup>rd</sup> sector and private sector organisations, patients and carers to implement the Putting People First transformation programme..”*<sup>9</sup>

## PERSONALISATION AND RECOVERY

This strategy promotes the use of Wellness Recovery Action Planning (WRAP) to support both personalisation and the Care Programme Approach (CPA). WRAP is owned by the individual service user and is a living document that is constantly updated. We will build on the excellent work already taking place in Hampshire which has gained national and international recognition.

Personalisation is at the heart of the strategy and will be developed using the Hampshire Model<sup>1011</sup> with the emphasis on the individual’s dignity, right to self-determination, choice, control and power over the support services they receive<sup>1213</sup>. The new development of the ‘Universal Offer’<sup>14</sup> and the importance of individuals participating and taking responsibility for their care and treatment, is summarised in New Horizons, setting out a vision and expectations that:

- “- we have maximum control over our own lives, including control over our own health and health care
- we are supported to live independently, stay healthy, and recover quickly
- we have choice and control so that any support that we may need fits the way we wish to live our lives.”<sup>15</sup>

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[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825);

<sup>9</sup> (*High Quality Care For All*, Lord Darzi (Chair), 2008)

<sup>10</sup> <http://www3.hants.gov.uk/adult-services/getting-personal.htm>;

<sup>11</sup> <http://intranet.hants.gov.uk/adult-services/hampshiremodel.htm>;

<sup>12</sup> <http://www3.hants.gov.uk/adult-services/getting-personal.htm>;

<sup>13</sup> <http://intranet.hants.gov.uk/adult-services/hampshiremodel.htm>;

<sup>14</sup> <http://www3.hants.gov.uk/hantswebnews/hweb-news25.htm>

<sup>15</sup> (*New Horizons*, 2009, p28)

This strategy ensures these principles are embedded in services and markets by taking an approach in which everything is organised around co-production and care pathways.

## VALUES AND OBJECTIVES

Objectives and priorities are identified by using the values framework from the *New Horizons* consultation. Leadership within the mental health community will reflect the values promoted in our strategy, with a commitment to local innovation provided by inspirational local leadership, which will come from experts by experience as well as professionals. The strategy recognises that leadership is a critical component to the success of its implementation. This is because there is so much in the nature of the changes we are aiming for that requires innovation and development in organisational cultures and in individual attitudes.

Each of the values will be a driving force within everything that occurs on our pathway, and this can be described by the following attributes that we will aim to be within the services, facilities and opportunities that make the range of individual care pathways:

1. Personalisation
2. Recovery and hope
3. Support for families and carers
4. Prevention and early intervention
5. Social inclusion
6. Tackling stigma and discrimination
7. High quality care
8. Skilled compassionate workforce through leadership

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

- maintaining the development of clinical excellence and health standards;
- developing clinical care to embrace psychological therapies, working with childhood abuse and the specific trauma issues suffered by the armed forces veterans;
- 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 transition arrangements, prevention and a wellness perspective;
- personalisation developed through the Hampshire Model and a recovery perspective;
- ensuring that employment and settled accommodation are integral 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, 'Think Family' and safeguarding as integral to professional practice; and
- 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.

## COMMISSIONING

We will commission to ensure that care pathways will have Equality and Diversity<sup>16</sup> approaches, Safeguarding<sup>17</sup> measures and a 'Think Family' ethos integrated throughout. The success of stages along a pathway will be measured by addressing outcomes, using outcome measures that are specific to this strategy alongside the Recovery Star<sup>18</sup> and other measurement tools to quantify the quality and effectiveness of individual pathways.

Commissioning within this new context will be different as it moves to a commissioning/stakeholder partnership and to an approach where development and cooperation are encouraged within a managed competitive market. It will also be jointly undertaken, with joint outcome measures being agreed for health and social care.

With the proposed extension of Payment by Results (PbR) to include services for people with mental health problems, we believe that there will be clear benefits in linking PbR to the personalisation agenda. We will roll out PbR across Hampshire organisations in conjunction with our providers and as the PbR agenda develops, it may be possible for health and social care organisations to develop joint budgets and key performance indicators supporting this. This will also allow our commissioning to change to focus investments away from hospital settings and into preventative health care.

## IMPLEMENTATION PLAN

The strategy will be supported by a comprehensive Implementation Plan that will consist of measurable outcome objectives, along with dates and responsible parties. A governance structure will be put in place that links in to the accountability of the commissioning organisations. These will be included in the strategy that will go out for consultation so that we have as complete agreement as possible from all those involved in mental health across the County.

<sup>16</sup> <http://www3.hants.gov.uk/equality.htm>

<sup>17</sup> <http://www3.hants.gov.uk/adult-services/service731;>

<sup>18</sup> [Recovery\\_Star\\_StarRecoveryStarUserGRecovery\\_Star\\_Org\\_and\\_Plan1.p... uide.pdf \(802... \\_Guide.pdf \(7...](#)

# JOINT HAMPSHIRE MENTAL HEALTH COMMISSIONING STRATEGY

## INTRODUCTION

NHS Hampshire and Hampshire County Council have led the development of this strategy, in partnership with all the major mental health stakeholders in Hampshire. It has gained wide ranging support from active consultation throughout its development. *New Horizons: A Shared Vision for Mental Health, (7.12.09)* has provided an essential framework for this. We have looked at strategies, resources and interventions needed to meet the whole span of mental health needs, from prevention of mental health problems through to effective treatment and recovery from severe mental illness. The key themes in this strategy are:

- Personalisation
- Recovery and Hope
- Support for families and carers
- Skilled compassionate workforce
- High Quality Care
- Prevention and Early Diagnosis
- Social Inclusion
- Tackling Stigma and Discrimination

We recognise that only a partnership approach between local statutory agencies, service users, family members, carers, the third sector and communities will achieve the changes necessary to reduce the burden of mental illness and unlock the benefits of well-being and mental health for the population in Hampshire. There are numerous examples of good practice within services in Hampshire and it is upon these that we have built the strategy.

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. In Hampshire, both Adult Services and Health Services spend approximately £130 million a year on Mental Health services. With approximately 75% of this funding tied up in block contracts arrangements with specialist secondary care providers. The strategy requires no additional investment and through transformation will deliver cost efficiencies; this will direct service and market change in a manner that enables growth, flexibility and scope for improving choice, wellbeing, clinical effectiveness and safety.

Access to treatment and the availability of services is a priority for change along with improved access to a range of psychological therapies, access to help in crisis, greater options for self referral and the availability of support out of hours

for service users not in employment and carers and for people who have jobs. Eligibility thresholds and access to social care and equal access to physical health care are challenging issues that will be addressed.

Our service users have told us that they want greater involvement and to be empowered in every aspect of service development, commissioning and reviewing of services.

Personalisation is one way to ensure that all individuals in Hampshire, whatever their age, background, income or need, will have access to care and services, so that they are:

- empowered to have more say and control in all aspects of public life and participate as active and equal citizens;
- given maximum control over their own lives, including control over health and health care;
- supported to live independently, stay healthy and recover quickly.

## VALUES

Objectives and priorities are identified by using the values framework from the *New Horizons* consultation. Leadership within the mental health community will reflect the values promoted in our strategy, with a commitment to local innovation provided by inspirational local leadership, which will come from experts by experience as well as professionals. The strategy recognises that leadership is a critical component to the success of its implementation. This is because there is so much in the nature of the changes we are aiming for that requires innovation and development in organisational cultures and in individual attitudes.

At the centre of this strategy are the core values of:

- Being in control of one's life
- Having services that are equitable, consistent and value human rights
- Having valuing relationships
- Reaching one's full potential

Each of these will be a driving force within everything that occurs on our pathway.

## STRATEGIC LINKS

Health promotion, prevention and children's wellbeing are all crucially linked to adult mental health. Consequently this strategy does not sit alone but is vitally linked to other national and local strategies and policies including;

- New Horizons: A Shared Vision for Mental Health
- High Quality Care for All
- Foresight Mental Capital and Wellbeing Project

- World Class Commissioning<sup>19</sup>
- Commissioning for Health and Wellbeing<sup>20</sup>
- Our Health, Our Care, Our Say<sup>21</sup>
- Reaching Out: Think Family<sup>22</sup>
- Improving Health, Supporting Justice<sup>23</sup>
- The Joint Hampshire Commissioning Strategy for Older People's Mental Health 2008-2013<sup>24</sup>
- Learning Disability Strategy for Hampshire: Ordinary People Leading Ordinary Lives<sup>25</sup>
- Offender Health Care Strategy (in progress)
- District Housing Strategies
- Supporting People Strategies
- Health and Wellbeing<sup>26</sup>
- Hampshire Model<sup>27</sup>
- Safeguarding<sup>28</sup>
- Substance Misuse Strategic Review<sup>29</sup>
- Children and Young Persons' Plan<sup>30</sup>
- Hampshire Carers' Strategy<sup>31</sup>
- Hampshire Dual Diagnosis strategy

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<http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/index.htm>

<sup>20</sup> [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_072605.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_072605.pdf)

<sup>21</sup> <http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Ourhealthourcareoursay/index.htm>

<sup>22</sup> [http://www.cabinetoffice.gov.uk/media/cabinetoffice/social\\_exclusion\\_task\\_force/assets/think\\_families/think\\_families.pdf](http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_families.pdf)

<sup>23</sup> <http://www.nmhd.org.uk/silo/files/improving-health-supporting-justice.pdf>

<sup>24</sup> <http://www3.hants.gov.uk/adult-services/aboutas/consultation-involvement/consultation-outcomes/older-people-mental-health-consultation/op-mh-consultation-outcomes.htm>

<sup>25</sup> <http://intranet.hants.gov.uk/ld-strategy-artwork.pdf>

<sup>26</sup> <http://www3.hants.gov.uk/hwb-outcomes.pdf>

<sup>27</sup> <http://intranet.hants.gov.uk/adult-services/hampshiremodel.htm>

<sup>28</sup> <http://www3.hants.gov.uk/0308-online-080721.pdf>

<sup>29</sup> <http://www3.hants.gov.uk/education/dat/daatlatestnews/education-dat-newpage-3.htm>

<sup>30</sup> <http://www3.hants.gov.uk/cypp-forweb.pdf>

<sup>31</sup> <http://www3.hants.gov.uk/adult-services/aboutas/consultation-involvement/consultation-outcomes/carers-consultation/carers-consultation-outcomes-2.htm>

## WELLBEING AND MENTAL HEALTH

As an Adult Mental Health Commissioning Strategy the primary focus will be on addressing mental health issues for adults thereby meeting the needs of the most vulnerable and seriously unwell people as well as those with common mental health needs. At all times the broader context such as health promotion, children's mental health and development, transition arrangements with related services, and the science of wellbeing<sup>32</sup> will remain as themes providing the backdrop to this strategy.

Every aspect of every service including assessment, clinical practice, social care, supervision and management will have a recovery and 'Think Family' focus. The strategy recognises wellbeing as a continuum throughout life and from enjoying life and coping with its periods of loss, stress and conflict, to suffering from acute mental ill-health.

Too often, mental health is seen as being focused solely on people with mental health problems being treated in specialist services. But mental health should be considered as a positive resource, that needs to be nurtured. National and local government, local communities and public services all play a role in contributing to mental health. There is increasing interest in what national and local governments should do to promote mental health and well being.

The variation in mental health problems represents a challenge for commissioners and providers.

*"The term common mental disorder encompasses depression, anxiety, phobias, and obsessive compulsive disorder Their diagnosis is based on the presence of symptoms (of sufficient quantity, severity and chronicity) such as low mood, fatigue, irritability, poor concentration, impaired sleep, appetite and libido, low self esteem, feelings of worthlessness, suicidal ideation, palpitations, trembling, feelings of unreality, a fear of dying, and repetitive and compulsive thoughts and actions"*<sup>33</sup>

Significant life events identified by the *Foresight*<sup>34</sup> research, which has brought together current research findings, are: becoming a parent, death of a parent, divorce, death of a spouse, unemployment, financial pressures and illness.

The additional significant experience, which can manifest itself with many of the symptoms noted above, is complex post traumatic stress disorder<sup>35</sup> This is important in understanding identity issues and unhelpful forms of passivity and aggression which may arise from prolonged abusive childhood experiences but may also be located in events in adult life.

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<sup>32</sup> (*The Science of Well-Being*, FA Huppert et al, OUP Oxford, 2005),

<sup>33</sup> (*Mental health: future challenges, Foresight Mental Capital and Wellbeing Project*, 2008,p29 &31)

<sup>34</sup> <http://www.foresight.gov.uk/index.asp>;

<sup>35</sup> (*Trauma and Recovery*, JL Herman, Pandora, 2001).

In Hampshire post traumatic stress disorder is particularly important as we develop measures to support veterans of our armed forces, serving personnel and their families, all of whom we can expect to be facing significant difficulties over the coming years as a consequence of our current armed conflicts abroad.

## THE JOINT STRATEGIC NEEDS ASSESSMENT

Hampshire has an estimated population of 1.3 million people which is predicted to rise by 1.4% by 2016.<sup>36</sup> Deprivation levels vary significantly across the County, in particular four areas in Havant and one in Gosport fall within the most deprived decile (i.e. the top 10%) for Index of Multiple Deprivation 2007 in England<sup>37</sup>. Non-white ethnic groups are estimated to make up 4.5% of Hampshire's population, against a national figure of 12%<sup>38</sup>.

The key issues emerging from the Hampshire Joint Strategic Needs Assessment (October 2008) are:

- an ageing population;
- health inequalities in deprived areas and vulnerable groups;
- major illness – cardiovascular disease and cancer;
- lifestyle and modifiable risk taking behaviour;
- ensuring best start in life and reducing health inequalities of children and young people.

## MENTAL ILLNESS – LOCAL ESTIMATES OF THE PREVALENCE OF COMMON MENTAL HEALTH PROBLEMS

The Mental Health Observatory has applied a simple method for estimating the number of sufferers from common mental disorders in primary care trusts. The methodology draws on data from the National Psychiatric Morbidity Survey 2000 and the socio-demographic characteristics of the resident population. This provides modelled estimates of common mental health problems, including anxiety and depression. This calculation yielded estimated rates across Hampshire PCT of 130 per 1,000 for any neurotic disorder (equivalent to approximately 118,900 sufferers across Hampshire PCT based on mid-2005 population estimates), 72 per 1,000 for mixed anxiety and depression disorder, 35 per 1,000 for generalised anxiety disorder and 18 per 1,000 for a diagnosis of depressive episode<sup>39</sup>.

<sup>36</sup> 2001 Census, Table UV02 , Population Density, The Office for National Statistics

<sup>37</sup> The English Indices of Deprivation 2007, Communities and Local Government

<sup>38</sup> Resident population estimates by ethnic group 2007, The Office for National Statistics.

<sup>39</sup> 2009-based Small Area Population Forecasts, Hampshire County Council Environment Department

## LOCAL PRIMARY CARE RECORDS

The prevalence data shown in table 1 indicates that unadjusted rates of mental illness across Hampshire as a whole (0.6%) are just below the national prevalence of 0.7%. Approximately 8,150 Hampshire patients were recorded on the 2008/09 register. The majority of local authorities in Hampshire have a recorded prevalence slightly lower than the national average. In East Hampshire, Havant, Rushmoor and Winchester figures are in line with the national prevalence (0.7%) and are slightly higher in Gosport (0.8%). It should be noted that the number of patients on these registers are comparatively small and the resulting prevalence, low.

**Table 1 : Prevalence of mental illness by local authority, QOF data 2008/09**

Local Authority	List Size (all ages)	Disease Register	Prevalence
Basingstoke & Deane	158,547	876	0.6%
East Hampshire	99,076	706	0.7%
Eastleigh	124,393	790	0.6%
Fareham	116,215	625	0.5%
Gosport	81,439	612	0.8%
Hart	96,880	475	0.5%
Havant	125,473	919	0.7%
New Forest	187,080	1,092	0.6%
Rushmoor	96,248	698	0.7%
Test Valley	98,615	583	0.6%
Winchester	114,432	780	0.7%

Data source: QMAS database - 2008/09 data as at end of June 2009. Copyright © 2009, The Information Centre, Prescribing Support Unit. All rights reserved

Within Hampshire, the areas covered by the East Hampshire (which includes Havant) and Fareham and Gosport LITs have higher scores than Hampshire overall for all indices, suggesting higher levels of all types of mental illness.

## CURRENT SERVICES

The outline of current service provision is provided in the service mapping element of the *NSF* Annual Assessment 2009. The link to this is: <http://www.mhcombinedmap.org/ReportsFindService.aspx> entering Hampshire in service name.

## GUIDING PRINCIPLES OF THIS STRATEGY

The development of this strategy has been based on substantial stakeholder involvement (*this will be added in the appendix later*). People who have used services and their carers told us what they value and what is helpful from services that they access. This has enabled the commissioners to better understand how services should be reshaped for the future.

*New Horizons: A Shared Vision for Mental Health*, provided a framework on which we shaped stakeholders feedback. The following diagram provides a pictorial representation of the 4 key inter linking principles.



**Principle 1: Being in Control of our Lives**  
**Key Areas: Personalisation**  
**Recovery and hope**

## **Personalisation**

Hampshire County Council held a Commission of Inquiry into personalisation and the future of adult services ‘Putting People First - Shaping your future, choosing your care’, developing from this the Hampshire Model.

*“Personalisation means that support and care are built around the individual, taking account of personal aspirations, strengths and needs. It is clear that delivering personalised services will require a fundamental shift in focus, moving away from a system where people are matched to services to one where the person in need determines how their needs will be met. It is expected that this transformation will bring about better outcomes for people in need and their carers and will ensure that they are afforded more choice, dignity and control in the way they lead their lives.”<sup>40</sup>*

Personalisation and the Hampshire Model are linked to Self Directed Support. Self Directed Services give individuals who are eligible for Adult Services, a choice in making decisions on how their personal budget is spent to meet their care needs. Most people who are assessed as needing support and help from Social Care Services, have a right to receive Direct Payments; it is changing the way we work.

To enable adult mental health to be fully involved in Personalisation we will:

- continue to develop the Care Programme Approach within a recovery framework, enabling access to ‘Self Directed Support’ training for staff;
- develop the role of Brokers, experienced peers to advise and support choice;
- promote the use of personalised budgets and develop these to include health budgets;
- have “Check a Trade/Amazon type ratings” as part of Hampshire County Council Accredited Providers Scheme;
- continue adult mental health inclusion in the countywide development of a model, training and information for users, which is suitable for people using adult mental health services and accessing personal budgets;
- ensure organisational support and a position statement on positive risk taking.

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<sup>40</sup> (Getting personal: a fair deal for better care and support, Hampshire County Council, 2008, p19)

Phase One of the roll-out of self directed support in mental health will be started in Fareham & Gosport in autumn 2010, alongside a pilot of personal health budgets. This will enable people to have all their health and social care needs met via individualised budgets.

Carer Support Workers (CSWs) will work with other staff to create care plans that incorporate the carer and family perspective. CSWs will be used by staff to advise on early family interventions that can assist with preventing admissions and deterioration in wellbeing.

There is also added value in CSWs leading the way in promoting the use of direct payments/personalised budgets for carers and respite care needs.

## **Recovery and Hope**

All services should be recovery based and therefore this will be the overarching principle for services. Recovery provides the essential and motivating message of a better future, that people can and do overcome the barriers and obstacles that confront them. Hope is internalised; but can be fostered by peers, families, carers, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health problems by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of community life. Hampshire reaps the benefits of the contributions individuals with mental health problems can make, ultimately becoming a stronger and healthier place to live.

There are multiple pathways to recovery based on an individual's unique circumstances and strengths, needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience.

Services will be provided in a way that puts the service user at the centre. This means service users should not have to navigate different service boundaries, like Inpatient or Assertive Outreach Teams, but should experience services as a journey from prevention of illness to recovery.

The environment where services are delivered are extremely important to people and service users have been clear that hospital based in-patient services are not ideal for recovery. This means reducing inpatient beds in favour of peoples own homes or smaller "Crisis Houses". Where an inpatient stay is necessary, the environment will be more homely and have family and carer facilities. Therapeutic and/or day facilities will be provided in community settings which will also lessen length of stay in hospital. We will work together with stakeholders to ensure that together we make the necessary changes.

Access to services needs to be improved. Community care will be available "out of hours" and have the same standards as "in hours" care.

### **In summary we will:**

- increase self directed support and promote the use of personal budgets
- develop brokerage
- promote wellness and recovery
- coordinate approaches to training and development
- commission services that are person centred and recovery focussed

### **Examples of how we might deliver this principle**

- implement service user ratings of services
- develop Carers Support Workers to provide family support and advice on family interventions and to give a family perspective to care planning
- develop out-of-hours services
- review the use of inpatient beds
- roll out of self directed support in Fareham and Gosport in Autumn 2010

**Principle 2: Valuing Relationships**  
**Key Areas: Support for families and carers**  
**Skilled compassionate workforce**

## **Support for families and carers**

A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. The term carer should not be confused with a care worker, or care assistant, who receives payment for looking after someone.

We believe that carers play an invaluable role in helping people live independent lives and that they should be acknowledged, valued and supported. We recognise that they are central to the delivery of mental health care and that many carers have developed high levels of expertise gained from years of experience.

Carers will have their views taken into account by the statutory services involving them in care planning for a person using mental health services. They have the right to request Direct Payments for themselves or Personal Budgets. Carers will be given general information about the condition of the person cared for, though this will be balanced with the service user's wish for confidentiality.

Carers' own needs will be assessed and all Carers will have access to an assessment of their caring, physical and mental health needs, repeated on at least an annual basis and have their own written care plan (if they are assessed as eligible for support), which is given to them and implemented in discussion with them.

We will ensure that outcome measures are not just based on service user wellbeing but Carer/family wellbeing as well. All staff will be trained to 'Think Family' and think about carers.

Family Group Conferencing will become part of the interventions used to support families in crisis.

## **Skilled and Compassionate work force**

We recognise that the successful implementation of this strategy is dependent upon those working within mental health services who put the service user at the centre of all they do. There are many good examples of this across Hampshire and we will want to build upon these. Stakeholders told us about the importance of not only developing meaningful relationships with professionals but that these relationships provide consistent care and support and are responsive to their changing needs.

Leadership is a critical component to the success of this strategy. This is because much of what we are aiming for requires a change and development in organisational cultures and in individual attitudes. Leaders will need to understand that it is essential to nurture the value base, develop sophisticated forms of cooperation, and achieve change through strategically managing care and clinical change alongside sound systems of financial management.

For this reason, any organisation commissioned to provide a service will be required to demonstrate that it supports the strategy. Their management and care/clinical leadership will need to develop this ability by working with leaders from other organisations or leaders representing other groups. The mental health care pathway is not linear and involves various people and organisations. This complexity means that it is only through cooperation, leaders working with other leaders, that co-production, recovery and personalisation can be fully achieved. It will also be necessary for these leaders to develop strategic inter-agency planning to minimise any possible detrimental effects from securing reductions in costs.

#### **In summary we will:**

- further develop support for families and carers
- value current good practice as platform for developing future best practice
- promote effective leadership that enables co-operation between organisations

#### **Examples of how we might deliver this principle:**

- increase Carers' Assessments and the involvement of carers in care planning
- develop the use of Family Group Conferencing so that this is available as needed throughout the acute care pathway and in community services
- require providers to demonstrate that staff are trained to have insight and understand recovery, involving carers and 'Think Family'
- require providers to contribute towards leadership programmes
- increase numbers of people receiving direct payments

**Principle 3: Reaching our full potential**  
**Key Areas: Prevention and early intervention**  
**High quality care**

## Prevention and Early Intervention

We aim to break down the artificial silos/barriers between mental health and physical health; to commission services and care pathways that consider the whole person within the context of their family and community, with an increased emphasis on the mind/body links and wellbeing rather than ill health.

Psychological therapies need to be understood as a range of interventions and values that underpin services rather than just being the reserve of “specialist” services. Psychological mindedness in services will help strengthen the awareness that physical health (and symptoms) is intrinsically linked to psychological factors, as well as socio economic factors such as debt, employment, education and housing. In all of these aspects of care the workforce need to develop skills to meet these challenges and at a basic level to identify issues that crossover in respect to physical and psychological and emotional issues.

It is vital we provide early intervention in a comprehensive and holistic manner. Closer liaison is required between specialist mental health services, primary care and acute hospitals, ensuring that we improve the health outcomes of individuals. Access to treatment and services is a priority for change along with the availability of services, access to a range of psychological therapies, access to help in crisis, greater options for self referral, availability of support out of hours (both crisis support and help for people who have jobs), eligibility thresholds for social care and equal access to physical health care.

In January 2009, the Department of Health announced that it would extend the scope of Payments by Results (PbR) to include services for people with mental health problems. This built on the work in Lord Darzi’s report *High Quality Care for All*. We believe that there will be clear benefits in linking PbR to the personalisation agenda. We will roll out PbR across Hampshire organisations in conjunction with our providers and as the PbR agenda develops, it may be possible for health and social care organisations to develop joint budgets and key performance indicators supporting this. This will also allow our commissioning to change to focus investments away from hospital settings and into preventative health care. Making changes in investment priorities is very difficult but it will be achieved by;

- greater focus on whole population mental health, health promotion and prevention through access to psychological therapies in primary care;
- early intervention and inclusive universal services;

- personalisation and care pathways giving increased choice and control for people, thus reducing admissions to acute and out of area services.

## High Quality Care

Commissioners and those delivering services will recognise the value of service user and carer input as 'experts by experience', from individual care planning through to service development and employment.

In order to demonstrate that people who use mental health services are being put at the centre of all that we commission, we will promote the importance of peer and service user led services and we will help develop them to take responsibility for the delivery of user led services and to be involved in the provision of other services, including statutory services.

To this end we will involve service users in commissioning. We want to see service users involved in service design, monitoring and in the current economic climate, any prioritising decisions. We will demonstrate how the involvement of service users has made a difference to the development or evolution of services.

Monitoring could be enhanced through the development of a Service User Seal of Approval, given to services by service users for quality determined through their inspection and review. We support the employment of people who have or have had mental health problems within services in any roles and will expect all services to employ peer support workers, as appropriate.

We recognise that steps will need to be taken to achieve these aims; there may be a need to boost service user led services in the short term to ensure they are able to deliver value, competing against other organisations, rather than being commissioned just because they are service user led services. As we review services currently commissioned we will consider whether they could be more appropriately delivered by a service user led organisation rather than more traditional statutory or voluntary organisations. We will also consider whether service user led services need to be commissioned across care groups to take into account those people who have more than one disability or illness.

At present service user led organisations deliver training to other service users, to enable them to take part in functions, such as participating in interview panels for appointments and tenders, auditing services, which we will continue to support.

We will develop a Hampshire mental health community website, hosted by a service user led or voluntary organisation on which any services can post information and where service users can talk with each other and post views on services and information, similar to the Big White Wall or shop4support.

We have commissioned advocacy services across the County to enable and support people to ensure the provision of high quality care.

Transitional arrangements are crucial to an effective care pathways. These will need to be developed with regard to existing strategies and protocols. In particular transitions will need to ensure the move across age markers such as 18 and 65 can occur smoothly with the continuation of effective support and with respect to meaningful relationships.

The provision of specialist treatment and care along with the support that can involve both primary and secondary statutory services is an important area for development.

The strategy will support statutory services to:

- have a clear plan that ensures integrated care pathways are implemented but not in a linear process;
- develop care planning so that it encompasses a respect and link with the WRAP, is 'Think Family' in its approach, is recovery orientated and involves carers as partners in the process; this will involve clinical leadership and managerial systems;
- be clear about how we will specifically support people who have suffered abuse in childhood in relation to the creating a therapeutic inpatient environment and specific treatment and support in the secondary community care services and, work in partnership with the 3<sup>rd</sup> sector in this regard;
- identify specific measures to develop co-production in the acute pathway and in community services;
- review Psychiatric Intensive Care Units with a specific focus on any potential for the development of personalisation and the involvement of carers;
- have specific measures for the identification and support of forces veterans and in the community services develop our response to post traumatic stress either in the provision of our services or in partnerships with the 3<sup>rd</sup> sector eg. Combat Stress or The British Legion;
- develop whatever measures we can to create personalised health budgets and integrate this ethos into our care planning;
- be clear about how Service Line Management will enable localised autonomy with centralised governance in a manner that supports localised innovation;
- review the Community Mental Health Teams' (CMHT) Operational Policies with a view to the development of personalisation, recovery and 'Think Family' – this will mean changes to the professional roles in the multi-disciplinary team, in particular the social work role to include, for example, Family Group Conferencing expertise, and the inclusion of CSWs and Community Development Officers (CDOs) in both individual care planning where appropriate and in service developments;
- explore the possibility of providing drop-in specialist advice or appointments in public buildings such as libraries.

### **In summary we will:**

- promote leadership to develop equal partnership with service users and carers
- improve access to services
- develop approaches that reflect particular life experiences, including childhood abuse and trauma experienced through military conflict

### **Examples of how we might deliver this principle**

- develop drop-in advice/appointments
- develop personalisation and recovery in care planning
- develop effective transition in care pathways
- develop in-patient care and family friendly environments
- review PICUs
- continue to develop early intervention and crisis support
- develop CMHT service specifications and operational policies
- further implementation of IAPT
- develop the mental health community website

**Principle 4: Equality, Justice and Human Rights**  
**Key Areas: Social inclusion**  
**Tackling stigma**

## **Social Inclusion**

Central to supporting the development of future services, this strategy also aims to reduce the number of facilities used purely for mental health services. It will do this through a strategic approach to:

- developing one-stop shop / wellbeing centres involving statutory, third sector and private care providers. These would not necessarily just be for mental health as they would share building space;
- mainstreaming specialist and service user led support activities by using public buildings, e.g. libraries, community halls/buildings, arts centres etc. Both of these measures will help to de-institutionalise services, develop service user empowerment and choice, help to reduce stigmatisation and improve social inclusion. Cooperation across sectors and organisations will also be improved;
- creating more Out of Hours support to benefit service users who are in employment, education and training.

## **Employment**

There is clear and demonstrable evidence that employment reduces the risks of long term incapacity for individuals, reduces poverty, promotes full participation in society, independence and human rights, improves quality of life and wellbeing and minimises harmful physical, mental and social effects of long term sickness absence and unemployment. People who experience serious mental health problems are more likely to be unemployed than any other group of disabled people of working age.

Implementing evidence-based practice within vocational services, in particular the individual placement and support approach, and embedding vocational and social support within the CPA process are vital steps in improving the economic and social well-being of people with mental health problems.

The Individual Placement Support (IPS) approach identified seven principles that are important in determining success in helping people gain and retain employment. These are:

- services focused on competitive employment with a primary goal of competitive employment in integrated settings;
- eligibility based on the person's preferences;
- programmes involving rapid job search and minimal pre-vocational training;

- vocational programmes integrated into the work of the clinical team;
- attention to the person's preferences;
- availability of time unlimited support, tailored to the person's individual needs;
- benefits counselling to help people maximise their welfare benefits.

It is our intention to develop the Vocational Advice role so that it reflects more precisely and follows the principles of the IPS approach. This includes placing greater emphasis on employment outcomes and integrating (and where possible co-locating) this role into community mental health settings. Additionally the importance of education, training and volunteering will be recognised and supported as part of the care pathway back to work.

To coordinate these care pathways, it is necessary to develop both local and Hampshire wide Employment Fora that can develop and implement the needs of vulnerable adults experiencing a need for employment support. The services commissioned will work with employers to raise awareness of the benefits of employing people with mental health problems.

### **Housing and Support**

Hampshire has a strong track record in providing high quality housing and support services for people with mental health problems.

We recognise that safe, secure accommodation and access to appropriate housing-related support for those who need it, is vital to ensure individuals achieve their full potential during their recovery from mental health problems.

We want service users to have the choice of a wide range of housing and support options in their locality. This will include support for individuals to continue to live at home, support to access to Social Housing, help to buy their own home through shared ownership schemes, and a range of accommodation based support services including, for the most vulnerable, residential care.

Residential care provides long term accommodation with care and support for the most vulnerable service users in the community. Short term residential care, intensively developing life skills or providing a therapeutic environment is also used but less frequently. For a few people residential care is required for an indefinite period.

There is no doubt that for some service users, at certain points during their recovery, residential care provides the most appropriate level of care and support to meet their needs. However, residential care, whilst generally being the most expensive provision, gives the lowest security of housing tenure, with minimal independence and choice for service users. It is important that we manage expectations of service users and that residential care placements are no longer described as a "home for life".

The County Placement Panel, which authorises all residential care placements in Hampshire, will ensure that decisions to place people in residential care homes have been taken after exploring all other housing and support options. All future placements will be made with a clear time scale for reviewing how placements are progressing and how the original objectives of the placement are being met.

## **Day opportunities**

Traditionally, voluntary sector providers of day opportunities and supports have developed alongside statutory agencies' provision of day services. These services have brought people experiencing mental health problems together in a venue to access a range of supports that may include information and advice, informal peer support and more formal group therapy sessions.

Day activities and resources in Hampshire have evolved over the years in an ad hoc way, and are currently provided by a wide range of organisations in different areas in a variety of settings. There also appear to be variable aims and objectives, client groups and accessibility and outcomes from these resources. A large part of the day opportunity provision is presently buildings-focused in the Mid and West Hampshire areas; as a result there is a picture of potentially inequitable and inconsistent provision.

We recognise that the voluntary sector often brings a different approach to the support of people with mental health problems. This approach is generally highly valued by those using their services and has great potential to strongly contribute to the social inclusion agenda. We want to promote opportunities to become involved in different aspects of the community and promote two-way social inclusion; reaching out and inviting people and communities in.

Day opportunities and support must provide a safe focus for activities and the development of social networks that can promote recovery and wellbeing and prevent isolation. All support and domiciliary services need to be sensitive to mental health issues and understand the recovery approach and should be able to work with the service users in developing their WRAP or CPA, using tools such as the Recovery Star.

## **Tackling Stigma and Discrimination**

### **Diversity**

National evidence continues to show that people from black and minority ethnic (BME) groups have a poorer experience of mental health services than their white British counterparts, for example some groups experiencing a higher level of compulsory treatment.

Alongside the specific focus on race equality in mental health, it is recognised that equality and diversity need to be actively addressed in respect of other areas of discrimination. Some groups, such as women and older people, have been the

subjects of national policy guidance. Services must be commissioned, managed and monitored to ensure promotion of equality for all members of our communities, recognising religion, age, disability and sexuality.

There are three dimensions to tackling the inadequacy of the mental health provision for diverse groups:

- Developing appropriate and responsive services:
  - existing services and service models need to be challenged to be accessible, appropriate and responsive to all members of the communities they serve
- Engaging with communities:
  - services and commissioners need to engage with the expertise, experience and networks of local communities
- Improving information:
  - commissioners and providers need to have robust information about their population and service uptake in order to be able to understand current use and gaps

The strategy will promote the use of dedicated expertise to support commissioners and services in addressing diversity issues and assisting marginalised groups or groups that suffer significant discrimination. In maintaining this focus the Community Development Officer service will integrate its work with the approaches to wellbeing, social inclusion and the wider mental health agenda including mental health promotion/prevention.

The resources needed to bring about improved care and support for BME, disadvantaged or marginalised groups may be different from mainstream service resources. For instance, support for the families of serving personnel may be linked to MoD resources, forces' veterans may have particular charitable organisations to draw upon, BME groups may have their own community supports that could be developed, and disadvantaged families may be able to gain greater support from resources that have no direct connection with mental health. Community development will have a central part to play in the identification of these resource opportunities.

To achieve this, the strategy supports the Community Development Officer service as a centrally managed resource. This will enable it to operate as a centre of excellence and expertise for the wider mental health service and, in relation to its particular focus, the mental health interface with Adult Services and generic health as a whole.

## Mental health in criminal justice

*“Adults and young people who are socially excluded, have a high proportion of health inequalities and are in contact with the criminal justice system are more likely to experience mental health problems or learning disabilities, or to have difficulties with drugs and alcohol”*

These words are from the opening remarks of *Improving Health, Supporting Justice: The National Delivery Plan of the Health and Criminal Justice Board*. Those in contact with criminal justice agencies as a result of or causing their mental health problems are likely to suffer a double discrimination. We must consider the needs of people who have been arrested, charged, convicted, imprisoned, whilst bearing in mind public safety and the needs of victims of crime, who may also suffer from mental health problems.

We will build on existing good partnership working, e.g. Multi-Agency Criminal Justice Liaison Group, Prison Partnership Board, Offender Health Commissioning Group, to ensure that all staff working within the criminal justice system have mental health awareness training and information about local mental health services and that people presenting in that system have access to and diversion into mental health services when appropriate and wherever they present.

We will consider how learning from Family Intervention Projects, WRAP and Family Group Conferencing can prevent further offending behaviour. In Winchester Prison and Haslar Immigration Removal Centre we will work on identifying and meeting the needs of people with less acute mental health problems, those with learning difficulties, personality disorders and veterans of our armed forces.

Currently there is a failure to hear the voice of people with mental health problems who are or have been in the criminal justice system. We will work with other agencies, e.g. Probation, to develop access to these ‘experts by experience’ to gain their view on the efficacy of our commissioning of services for people in the criminal justice system.

Victims of crime often access mental health services but may not disclose or recognise the reason, e.g. those subject to sexual abuse or domestic violence. Work will continue with other commissioners to build on networks and provisions across the county for helping people suffering domestic and sexual violence.

To ensure effective support for vulnerable people, we will continue to monitor the provision and effectiveness of the Approved Mental Health Professional and Section 12 Approved Doctors and access to suitable Places of Safety for people detained by Police under Section 136 of the Mental Health Act 1983. We will promote awareness and knowledge of MAPPA (Multi Agency Public Protection Arrangements) for the management of high risk sexual and violent offenders in the community and MARAC (Multi-Agency Risk Assessment Conference) for delivery of a multi-agency response for those at high risk of domestic violence.

### **In summary we will:**

- improve on our engagement with marginalised communities
- reduce stigma and discrimination
- improve access to homes and jobs
- move towards achieving greater equity of service provision across Hampshire
- 

### **Examples of how we might deliver this principle**

- ensure S136 suites are open 24hrs / 7 days a week
- make diversion and court liaison services available across the county
- develop mental health training across the criminal justice system
- continue to develop the Community Development Officer service to provide expert support in ensuring the inclusion of marginalised groups
- develop a Hampshire wide employment forum
- develop employment support accessible at any stage of a care pathway
- develop the use of public buildings for and by mental health service users
- develop one-stop shops / wellbeing centres

## MAKING IT HAPPEN

The implementation of the strategy and its continuous improvement will occur principally through what were the LITs, which will be developed from their *NSF* implementation role to being Localising New Horizons Groups. This will ensure local groups with a strong service user voice, along with other stakeholders, are central in monitoring and directing change. Commissioners will work with the existing LITs to develop the capability in these stakeholders to become equal partners in the commissioning process.

Whilst the strategy will identify clear measurable objectives, it is also organic, continuing to improve through its partnerships, and concerned with growth and development without depending on additional financial investment.

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## COMMISSIONING

Stakeholders told us that they want to be involved in the shaping and delivery of services. Commissioning of mental health services in Hampshire will take on this fundamental change in how it plans and procures services. The World Class Commissioning initiative set out this different approach:

*“A shift from traditional models of commissioning will be required. Local partners, including primary care trusts (PCTs), patients, the public, local authorities, clinicians and providers will need to develop open and innovative partnerships to deliver the best possible health care services for the local community.”<sup>41</sup>*

The next five years will be challenging, financially and with regard to organisational change and it will be essential to remain firmly in touch with the values at the heart of all that we do:

*“One of the most significant challenges for commissioners is achieving the balance of efficiency and effectiveness while focussing on improvements in quality.”<sup>42</sup>*

Mental health commissioning in Hampshire will be based on three principles:

1. It will be open and transparent: we will explain what we do, why we are doing it and how we will do it, using language and formats that are easy to understand and access. We will also be open about what we can't provide because of limited resources
2. It will be sensitive and professional: we will treat people and organisations with respect, valuing diversity, beliefs and opinions, and acting fairly in our decisions and recommendations

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<sup>41</sup> (World Class Commissioning: Vision Summary, DoH 2007, p5)

<sup>42</sup> (The Commissioning Friend for Mental Health Services: A guide for health and social care commissioners, National Mental Health Development Unit, December 2009, p9)

3. It will work towards equity: we will steer changes so that we achieve greater equity across Hampshire whilst recognising local factors and respecting local preferences

Commissioning Mental Health Services is the responsibility of the NHS and the Local Authority. We currently work jointly, which means that all significant commissioning decisions are made by the Mental Health Commissioning Programme Board which consists of both health and local authority commissioners, accountable to both organisations. We will explore the benefits of creating a single commissioning team and if this is seen to be the most effective way forward, we will aim to achieve this within the first two years of implementing the strategy.

This strategy will benefit from a NHS Act 2006 (Section 75) agreement covering the majority of mental health contracts, though specifically excluding the NHS Foundation Trusts, which we aim to commence as part of the implementation of this strategy. This agreement would make Hampshire County Council the Lead Commissioner for these services.

Monitoring and evaluation of this strategy will be undertaken by commissioners in partnership with all stakeholders. We will evaluate this strategy through measuring outcomes for service users, their families and/or carers.

Outcomes can be of three types:

- Individual Outcomes
- Service Outcomes
- Commissioning Outcomes

A variety of tools will be used e.g. HoNOS or HoNOS plus and Recovery Star. We will also work with service users to develop outcome measures and tools to ensure quality and value for money.