

**Establishing an
Integrated
Mental Health Partnership Trust
in
Derby and Derbyshire**

Consultation Document

September 2004

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Foreword

In 2002, our 3 partner organisations – Derbyshire Mental Health Services NHS Trust, Derby City Council and Derbyshire County Council – agreed a County-wide mental health strategy and a service model. This was developed as a result of a wide consultation process in which we asked all of our stakeholders what they would most like to see from mental health services across Derbyshire.

The consultation also outlined the possible options for extending our partnership working in the future, to offer further improvements in the way mental health services are provided for the people of Derbyshire. The Trust and the Local Authorities already have Partnership Agreements in place to deliver integrated mental health services and we now need to look at how this can be developed.

There are 2 options that are being considered. We would now like to find out what our service users, carers, voluntary groups, statutory organisations and the general public think would be the best way for us to move forward. The 2 options are:

- **Extension of Health Act Flexibilities**
This would mean extending the current level of partnership by developing joint services.
- **Development of a Partnership Trust**
This would mean creating a new, single organisation, which from April 2005, would provide mental health and social care services.

A full description of these 2 options and the additional benefits that they would bring can be found on page 7 of this consultation document.

We intend to take the consultation process very seriously. We feel that it is essential the people our organisations serve have the opportunity to influence and direct the future delivery of our services. We have based the consultation process on recently published national good practice and have allowed a 3-month timescale for views to be made known. The consultation period will therefore begin in September 2004 and end November 2004.

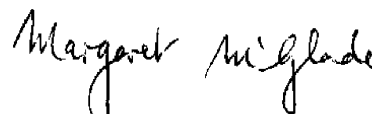
Please take this opportunity to contribute to the future design and delivery of mental health services in Derbyshire. Any development following the consultation process will be as a result of a broad consensus of opinion and will be with the agreement of the Partners. We are very excited about the possibilities and hope that you will be too.



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Introduction

The past few years have been quite a journey for mental health services in Derbyshire. We have seen the establishment of a Derbyshire-wide Mental Health Trust and, as a result of a wide consultation process, we have also seen health and social care organisations working more closely together to deliver an integrated mental health strategy and service model.

The next stage of the journey is to see if we can strengthen this partnership working further to make our services even better for those people who are involved with them in any way.

The proposals described in this document are based on the views and values of staff, service users, carers and other partners, which came out of our first round of consultation and subsequent 'involvement events'. We have been mindful of the concerns raised around the pace of change and potential disruption to services and have tried to make it clear in this document that any changes to the organisation and services will be carried out in a phased manner. We have also been careful to describe the advantages and disadvantages of both of the options we are looking at as part of this consultation.

The 2 options are:

- **Extension of Health Act Flexibilities**
Extending the current level of partnership by developing joint services.
- **Development of a Partnership Trust**
Creating a new, single organisation, which from April 2005, would provide mental health and social care services.

Local democratic accountability is one of the key features of integration that people have consistently told us they wanted to see. This accountability is not only for the provision of social services within the integrated service but also for the representation of local people, service users and carers in the organisation. Effective user and carer involvement will be an essential part of making sure that we achieve this.

Integration Project Board

Derbyshire Mental Health Services NHS Trust is the lead organisation for this integration project and the Assistant Chief Executive/Chair Nurse is the Chair of the Project Board, which has responsibility for taking this work forward. Derby City and Derbyshire Health Partnership Boards set the Terms of Reference for the Project Board, following a workshop of which involved service users, carers, local Councillors, Commissioners, Chief Executive of the Trust, Directors of Social Services, Council Leaders and Joint Directors of Mental Health Services.

History of Joint Working in Derbyshire

The partnership arrangements in Derbyshire between the Local Authorities and Derbyshire Mental Health Services Trust began formally in April 2002 with the integration of Adult, Older Adult, Child and Adolescent Mental Health services under a single management structure.

The aims of the integrated service were to: -

1. Improve the Mental Health services users and carers receive
2. Ensure that public resources are used as efficiently and effectively as possible
3. Deliver national policy priorities and implement the National Service Framework for Mental Health
4. Use the Partnership Model arrangements to deliver the Health Improvement Programme

It was agreed that mental health services would be developed through 3 phases, which were:

1. Joint working of teams and services
2. Management of operational services through the City Partnership and the County Confederation as single providers
3. Establishment of new arrangements that would ensure a fully integrated mental health service

The agreement to manage mental health services under a single provider(s) has led to the creation of a City and County Partnership Board which both include elected members, officers of the partner organisations and users, carers and the voluntary sector. The role of both Partnership Boards is to monitor the quality of the mental health services. They ensure that services meet the needs of the people of Derbyshire and Derby and deliver the requirements of the National Service Frameworks for Mental Health, Children and Older People.

The first 2 phases have been successfully completed and we now need to achieve the successful completion of the third phase, which is to move towards a more fully integrated mental health service.

Principles of an Integrated Service

A number of key, and very consistent, themes emerged from our discussions with service users, carers and the voluntary sector during the Service Model consultation process. These key themes were:

- 1. User involvement, with particular emphasis on having users and carers involved in service planning and decision-making.**
In the past we have tended to ask people for their views but have not been as good at working with them to make changes for improvement. Integrated services are a real opportunity to improve the way we work in partnership with communities to improve the care we provide.
- 2. Social Inclusion and helping voluntary sector and community-based services complement the statutory services.**
We were told that statutory services should work in partnership with the voluntary sector to provide wide-ranging and excellent care. The Social Inclusion agenda will also help address some of the key factors around mental health problems such as employment, housing and education.
- 3. Provide information that is more proactive and appropriate.**
We need to be better at getting information to people when they need it and in a format that is most easily understood. Partnerships between the Local Authorities, Derbyshire Mental Health Services Trust and the voluntary sector will help us do that better and build on their expertise.
- 4. Seamless services across health and social care.**
In all cases service users and carers want to see care being delivered in a seamless way by integrated teams with combined resources. The more seamless the care the happier people would be.
- 5. Partnerships with primary care.**
As much as 90% of mental health care is delivered in primary care through general practice. It is essential that integrated services should have effective partnerships with all the Primary Care Trusts and that the service should also support the developments in primary care mental health services.
- 6. Single point of access for easier access into the Derby and Derbyshire mental health services.**
A single service with a single point of access is something that service users and carers felt would significantly improve the quality of care.
- 7. Effective partnerships with the voluntary sector.**
Voluntary sector organisations have a wealth of experience and expertise and play an essential role in health and social care. More integrated services and organisational structures would allow our voluntary sector partners easier access and contribution to the decision making and planning process for mental health services.

8. Build on the best of all partners.

Both Social Services Departments and Derbyshire Mental Health Services Trust have areas of excellent practice. Some are the same and some are different. Our service users and carers wanted us to make sure that integration did not lead to a loss of the diversity of the existing services, and therefore the Partnership will maintain and develop a locality and care group focus.

9. Increased innovation.

Innovation and developing new ways of delivering services to aim for excellence is a key strand of integrated working. We can build on the diversity of the partners and learn together to provide innovative and effective services through greater organisational size.

Listening to people's views and values are no use unless we do something with them. Depending on the organisational model preferred we will put into place plans to act on all the principles identified above.

In the case of Social Inclusion the current integrated services, the Mental Health Partnership in the City and the Confederation in the County, have each employed a senior manager in Intermediate Care to work with the Local Authorities and voluntary sector partners to drive forward the agenda and develop plans and partnerships to improve care.

Consultation Question 1

What do you think should be included in the vision and values of the new organisation?

If integration is already in place why do more?

At the moment there are a number of limitations on what the services can do and a number of areas in which improvements could be made, for example:

- Services for older people and children are not fully within the partnership arrangements of the Health Act Flexibilities, and although adult mental health services are an integrated provision the resources are not managed under one system.
- The current single management structure currently being used to deliver adult mental health services cannot go any further in integrating the provision of other services.
- With some exceptions (such as substance misuse commissioning, for example) budgets are currently being managed separately. Within the current Partnership Arrangements, the Joint Directors are accountable for the mental health service budgets and these are monitored jointly. Local Authority specific grants and the Local Delivery Planning process in Health have been used effectively to ensure that government targets are met and that service plans are delivered but there is more scope to make better use of resources by pooling budgets further.
- The Project Board has already identified a number of areas of duplication and has set up several working groups to look at how these could be avoided in the future to provide service improvements and offer better value for money. They include:
 - ◆ Finance
 - ◆ Governance
 - ◆ Human Resources
 - ◆ Care Management
 - ◆ Information
 - ◆ Service Modernisation

Consultation Question 2

Do you agree that further integration of Mental Health services is a good idea?

What are the Options for Future Integration?

There are two options for the integration of mental health services, these are:

1. Extension of Health Act Flexibilities

Health Act Flexibilities were introduced in the Health Act 1999 and organisations were able to use these new flexibilities from April 2000. They were intended to give NHS bodies and Local Authorities the flexibility to be able to respond effectively to improve services either by joining together existing services or by creating new co-ordinated services. The arrangements were intended to build on existing joint working arrangements but also gave the opportunity to develop further innovative ways of working on user focused services.

There are three flexibilities available to organisations. These are:

1. Integrated provision

This means that services are managed through a single management structure and with integrated teams. This may lead to the transfer of staff to another organisation or another arrangement that works effectively for the users and partners.

2. Pooled budgets

Health and social care partners can bring money together into a single fund to pay for the services for a particular client group or groups.

3. Lead commissioning

This means that an organisation can commission, or buy, services at a strategic level for a client group to provide greater co-ordination and consequently improved services for users.

It is important to note that only Local Authorities and Primary Care Trusts can be partners in lead commissioning. Therefore any developments around integration of Mental Health services in Derbyshire involving the provider organisation would not include commissioning.

The use of Health Act Flexibilities is underpinned by the creation of a Partnership Agreement. This is a document that outlines how the partners will work together and how any disputes or problems will be resolved. Currently, the Mental Health service partners operate using a Partnership Agreement.

Advantages

- Allows the maintenance of current working practice
- Delivers the integrated services to clients, service users and patients
- Less disruptive to existing organisational arrangements including Human Resources and Finance and employment requirements
- Expansion of existing knowledge using the application process for obtaining approval for Health Act flexibilities
- Enables the purchasing of care packages to exist within the integrated teams
- Staff are clear about who they work for

Disadvantages

- Dual accountability to two Statutory Organisations
- Dual reporting to two Statutory Organisations
- May feel like a half-way house where the services have not gone as far as they could in integrating
- The Trust would carry the risk in relation to governance and accountability

2. Mental Health Partnership Trust

The creation of Mental Health and Social Care Partnership Trusts “to ensure that mental health and social care provision can be properly integrated locally” was first proposed in the NHS Plan, which was published in July 2000.

The Health and Social Care Act 2001 provided the legal framework for the establishment of Partnership Trusts, including Mental Health Partnership Trusts.

A Mental Health Partnership Trust is a single organisation, which provides an integrated mental health service including health and social care.

Designation as a Mental Health Partnership Trust would lead to a change in governance arrangements so that the Local Authority would play a full role in the governance of the organisation. The Secretary of State for Health must be persuaded that Partnership Trust status is likely to promote the effective exercise by the Partnership Trust of any delegated health related functions of the Local Authority alongside the Mental Health Trusts existing functions.

The Mental Health Partnership Trust would be a service provider and the Primary Care Trusts and Local Authority would lead the commissioning of mental health services.

The Partnership Trust would still have to operate under a Partnership Agreement, it would still involve the development of integrated teams and the funding would be channelled through a single provider. The main difference from Health Act Flexibilities is that a new, single organisation would be created for the provision of Mental Health and Social Care services.

The Partnership Trust would be an NHS Trust and therefore would have a Trust Board but the Partnership Trust Board differs from the standard NHS Trust Board in that the Local Authority would nominate Councillors to sit as Board non-executives.

Advantages

- In line with Government policy on health and social care integration
- A new organisation with a clear vision and purpose and new management structure
- Provide the most seamless model of care across health and social services
- Single point of access for service users and their carers into Derby and Derbyshire mental health services
- Single organisational structure
- Greater organisational stability
- Opportunity to align terms and conditions of employment
- Single route of reporting and accountability
- Staff and community able to sign up to single organisational identity
- Economies of scale
- More weight in the local health and social care economy
- Ability to develop more innovative methods of working through larger organisational mass
- A single strategic approach
- More effective communication routes
- More robust governance frameworks
- Elected members of Councils would be directly involved in governance

Disadvantages

- No major change in current front line integration of services
- Legal complexities around the transfer of some staff groups i.e. Approved Social Workers
- Feeling of loss of control by Councils

Benefits to Service Users of Both Options

It is anticipated that the ongoing integration of mental health services through either Health Act Flexibilities or a Partnership Trust would lead to the following improvements for service users:

1. Integrated teams would provide more effective assessment and care management.
2. Close working relationships between the organisations would lead to improved service planning and co-ordination.
3. Better co-ordination of factors influencing mental health problems such as housing and education would lead to more effective prevention or reduction of mental health problems.
4. More efficient use of shared resources would lead to more effective care for clients.
5. Improved shared learning from the best practice of each partner organisation would result in better client care.
6. A more robust user involvement practice would provide more opportunities for service users and carers to influence the design and planning of services.
7. Working with Primary Care partners to improve the effectiveness of care across the primary and secondary care providers would improve the overall package of care.

Consultation Question 3

Which, of the two options do you support?

- Option 1** The use of further Health Act Flexibilities
Option 2 The development of a Partnership Trust

How will the integrated services be managed?

Both of the options would be underpinned by a legally binding Partnership Agreement that would give the Local Authority explicit powers and rights. The integrated organisation would not be able to make significant changes to social care services without Local Authority agreement. Whichever option for the integration of Mental Health services is pursued and supported through consultation, Health Act Flexibilities or Partnership Trust, the management of the services would be the same.

The mental health service already operates under a single management structure using an agreement between both Social Services Departments and Derbyshire Mental Health Services Trust. There would be no need to amend this structure since the managers within the system have already been through an open process of advertisement and appointment.

The Board structure for the use of Health Act Flexibilities would be no different since the current organisational arrangements would not have changed. The three organisations would continue to work in partnership delivering services for the people of Derby and Derbyshire. Councillors are not on the Board unless they individually choose to apply for a position as member of the Derby and Derbyshire community. Scrutiny would still exist as would the lead commissioning role of the Local Authority in the Partnership Agreement.

Should a Partnership Trust option be pursued then part of the governance arrangements of the new organisation would include a reconfigured Board. In Partnership Trusts, democratically elected local Councillors would return as of right to NHS Boards for the first time in 12 years. They would be full members of the Board with a remit extending across all Partnership Trust services, and fully participate in all the Boards work.

This would mean that elected Councillors would be able to act with authority on behalf of the local community about, not only community mental health services but, in-patient mental health services as well.

The requirements of the Partnership Trust Board are that:

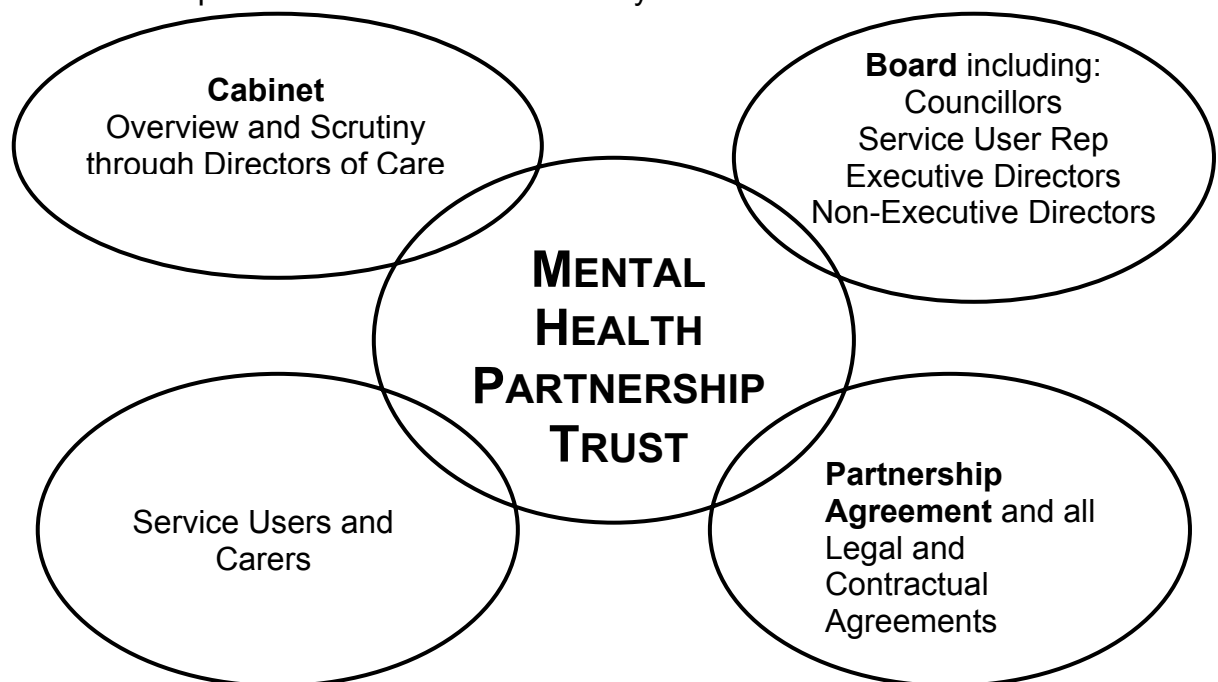
- It must have 5 non-executive directors and 5 executive directors.
- The non-executive directors may include nominated members of the Local Authority. It is proposed that the best way to retain the balance of elected members and other non-executives members to work towards a structure in which there is
 - 2 Local Authority Councillors (1 Derby and 1 Derbyshire)
 - 3 other non-executive directors
- Of the executive directors, there are a number of statutory roles, there must be a
 - Chief Executive
 - Director of Finance
 - Nursing Director
 - Medical Director.

Other Directors

The current Joint Directors for City and County will be re-titled Directors of Care Services to reflect the equal responsibilities and accountability of managing both Health and Social Care. There will be professional Heads of Social Care to ensure that social work is given a high profile equal to other professional groups in the Partnership Trust. This will also ensure that social workers practice, professional registration issues, training and development is maintained. The Directors of Care will report directly to Cabinet and to the Overview & Scrutiny Commissions.

Accountability of the integrated services

In a Partnership Trust model the accountability framework would be as follows:



Local Authorities under the Health and Social Care Act have the new power to scrutinise all local health services, including a Partnership Trust or an organisation operating under Health Act Flexibilities. This is an important new power and a highly significant and valuable extension of democratic accountability into the NHS. The Chief Executive of the integrated organisation would have a duty to attend each Local Authority Overview and Scrutiny Commission twice yearly.

The Local Authority retains the role of commissioning services and so keeps the control over the strategic direction of the local social care services.

It is important to note that in no instance does responsibility for the services become transferred to the Partnership Trust or integrated service. The integrated service, be it through Partnership Trust or Health Act Flexibilities, is carrying out the responsibility of the Local Authority through delegated authority. All partners retain the right, in extreme circumstances, to terminate the agreement and withdraw from either the Partnership Trust or the partnership.

Consultation Questions 4 and 5

4. Do you agree with the proposed management arrangements?
5. Do you agree with the proposed accountability arrangements?

A phased approach to change

Service users and carers have told us that they are keen to see change, but the pace of change must be appropriate to the needs of the people who use, or care for those who use, the services. Most people who contributed to the service model process felt that they wanted to see the creation of a single service, but they wanted to see the organisation develop at a speed at which they were able to manage the process from their own point of view and be sure that the services are not disrupted - this is equally important from a staff perspective.

The key areas for integration are the services themselves – service users and carers are keen to see this and it will have the greatest impact. It is essential therefore that as many of the services as possible are transferred or identified through the Health Act Flexibilities in April 2005.

Consultation Question 6

Do you agree with the proposals to phase the change over time?

Developing community, user and carer involvement

One of the key themes within the Service Model consultation was the development of user and carer involvement in the new partnerships. We will continue to work closely with service user and carers across the City and County. We will be committed to building user and carer involvement into the planning and design of all services and monitoring the effectiveness of the services from their perspective.

A Patient & Public Involvement Strategy has been agreed as part of a wide consultation process and a Steering Group meets monthly to further develop community, user and carer involvement in mental health. There is a long and fruitful history of involvement within our services and we are keen to continue to build on this.

A Patient Advice and Liaison Service (PALS) has been established for Derbyshire Mental Health Services Trust in line with the NHS Plan. In the Partnership Trust this service would be able to operate across both health and social care to improve the user and carer experience of the service and resolve problems quickly and effectively. The service would also ensure that the organisation learns from experiences and improves patient care.

The new organisation will also work closely with the Patients and Public Involvement Forum. This independent forum has been established with statutory powers to visit and inspect any aspect of the care process.

We will make every effort to provide employment opportunities for people with mental health needs and will seek to be a model organisation in respect of this. There will be a substantial programme of discussions with service users and carers to consult on the development of the new organisation and involve them fully and appropriately in the process. This programme will be carried out in partnership with Derbyshire Voice, Patients Council and the other members of the Project Group.

Consultation Question 7

How else do you believe the organisation should promote community, user and carer involvement?

What Adult services would be included?

- **Community Mental Health Teams** - to provide
 - An assessment service for adults with mental health problems in conjunction and co-operation with primary care services and other agencies
 - An accessible mental health crisis assessment service for adults, including the Approved Social Worker Service
 - A care management/care co-ordination service in accordance with an agreed Care Programme Approach for adults which includes an assessment of needs and care management responsibilities
 - A social work service to adults on enhanced Care Programme Approach
- **Assertive Outreach Service** – management of care for adults with mental health problems who are at a high risk and difficult to engage in other ways
- **Transcultural Service** - a new trans-cultural assessment and care management service will be introduced to improve the accessibility and appropriateness of services to black and minority ethnic communities.
- **Social Inclusion Rehabilitation Recovery Teams** – to provide an assessment and ongoing services to vulnerable people within the community
- **Homeless Assessment and Support Team**
- **In-patient services** - A variety of building based assessment and treatment services in health and social care, including in-patient Acute Wards, Intensive Care Treatment Service, Rehabilitation and Intermediate Care Services, Day Units
- **Community Forensic Service** - To provide assessment and ongoing care for adults who are mentally disordered or in need of similar services
- **Crisis and Home Treatment Services** – to provide
 - A responsive emergency and home treatment service
 - A continued to provide out of hours Approved Social Worker and emergency community care service
 - Care following assessments by Derby Care Line, the EDT, the Out of Hours service and other duty arrangements of the Single Service
- **Substance Misuse Services** – to provide
 - An accessible assessment and care management service for people with substance misuse problems to be provided in conjunction and co-operation with primary care services and other agencies
 - A range of treatment packages in community settings

- A variety of assessment, detoxification and rehabilitative services for people who misuse drugs and/or alcohol.
- **Liaison Psychiatry** – To work into the Derby and Chesterfield Hospitals in a variety of settings.
- **Community Services** – to include
 - Day Centres/Day Services
 - An assessment and social/therapeutic intervention in line with an individual care plan
- **Talking Therapies** – providing specialist services from the following sites
 - Temple House, psychotherapy
 - Oaklands House, psychology
 - Rykneld Centre, cognitive behaviour therapy
 - Duffield Road, Cognitive and Psychotherapy day programme
- **Eating Disorders** - There is currently a proposal to develop 7-day service for people suffering from eating disorders. This will be a home/day care service with people requiring hospital care being transferred to a specialist unit in Leicester.
- **Early Interventions** - This service will focus on providing speedy detection and rapid intervention for those people suffering with psychosis. There will be 3 teams covering the North, Derby City and South County.

Consultation Question 8

Do you agree with the proposed range of Adult Mental Health services?

What Older People services would be included?

The **proposal** is to establish an integrated service for older people, which would provide assessment, treatment and support for the following people:

- People suffering from moderate to severe mental health problems/illness
- Any person over the age of 65 with a functional mental illness, such as depression, schizophrenia or any other psychiatric illness
- Any person over the age of 65 with an organic disease, such as Alzheimer's Disease or any other form of dementia
- Any person under the age of 65 who has dementia.

The **plan** is to create a fully integrated health and social care service for older people with mental health problems, which would

- Have a single point of access
- Provide a comprehensive range of services, including assessment, treatment and on-going support for older people with mental health problems
- Be delivered in close conjunction with primary care, Social Services and with other services which support older people, particularly those which support physical frailty at the intermediate care level
- Be delivered and organised in line with Primary Care Trust (PCT) boundaries, with services set up to support the populations served by the PCT's in Derbyshire.

NB County North Services use 70 years of age as the threshold criteria.

The **aims** are that an integrated service will:

- Provide assessment, care and treatment to people in their own homes or in a community setting, using in-patient beds and services only when alternatives are not possible.
- Provide active support, treatment and therapy to enable older people with a functional mental illness (non-dementia), to keep their independence, or to regain it after a period of illness, and to promote good mental health in older people.
- To support people with dementia and help them to stay independent for as long as possible, providing treatment and help to alleviate symptoms and provide ongoing support, care and advice to both them and their carers throughout the period of illness.

- **Integrated Community Mental Health Teams for Older People**

Integrated Community Mental Health Teams (CMHT's) have been established in the City and County. Each team will be multi-disciplinary and will be responsible for the assessment, care management and treatment of older people with mental health problems within the area served. The teams will all include the following staff:

- Social Workers
- Community Psychiatric Nurses
- Old Age Psychiatrists
- Occupational Therapists
- Psychologists
- Support Workers
- Administrative staff

- **Functional Mental Illness Day Centres**

These units are for people with a functional mental illness being developed to provide a broader range of support for this client group. A range of services provided by units is under development, these include the following:

- Residential care
- Day care
- Day hospital care
- Respite care
- Transport

Carer Support Services For All Age Groups

A range of support exists to support Carers, and it is planned that these services will be extended in the future. Currently services include:

- Respite breaks
- Community based respite care
- Counselling and therapeutic support for carers, including the caring and coping with loss in dementia service
- Advice and support
- Assessment, care and treatment packages for patients and carers
- Multi-disciplinary teams

- **Memory Clinic and Outpatient services**

- Memory Clinics provide early diagnosis and treatment services.
- Outpatient services are provided in each locality

- **Integrated services – bed based care**

These include functional illness assessment wards, Dementia assessment wards and other Dementia care wards:

- Wards 28 and 29 at City Hospital
- Wards 12 and 14 at Derbyshire Royal Infirmary
- Lathkil and Wirksworth wards at Kingsway Hospital
- Woodside ward at Ilkeston Community Hospital
- Beresford ward at Kingsway Hospital

A specialist Dementia Care Unit with 28 beds is currently being developed in Derby.

Consultation Question 9

Do you agree with the proposed range of mental health services for Older People?

What services would be included for Children, Adolescents and their Families?

- **Community Teams** – to provide a specialist Child & Adolescent Mental Health Service (CAMHS) to children and young people up to 18 years and to their families and carers. These services include direct work as well as support through consultation, liaison, advice and training to universal services working with children e.g. social services, education and primary care.

The children and young people could be experiencing severe emotional, psychological or behavioural difficulties, including psychiatric disorders, which have a significant effect on everyday living. These include:

- Serious emotional disorders, including depression, anxiety and related disorders
- Eating disorders
- Psychosis
- Learning difficulties and mental health problems
- Severe conduct disorders
- Risk of suicide and self-harm
- Children with autistic spectrum disorders

These services also include those for children and young people who are particularly at risk of emotional, psychological and behavioural difficulties including children who are:

- Children looked after under the Local Authority Guidance
- Have a learning disability
- Have a parent with a mental health problem
- Have been abused
- Suffered bereavement
- Abusing substances
- Have complex and chronic physical disabilities
- Children of refugees and asylum seekers

A city wide service is being developed in Derby with a Mental Health Practitioner Team and a Primary Mental Health Worker Team. The Mental Health Practitioners offer a range of treatments including family therapy, art therapy, parenting groups and counselling. In addition to direct work with children, young people and their families, the Mental Health Practitioners provide support to a range of staff working with children and young people. The Primary Mental Health Workers are specialist

trained CAMHS staff who are based in children's services settings and provide advice, consultation and training to staff in addition to a limited amount of direct work.

The service will be accessed through a Single Point of Access, which is supported by an Intake Team. Referrals will be made through GP's, schools, paediatricians and social workers. CAMHS provides same day assessments for children and young people who deliberately self-harm and who are admitted to the Derbyshire Children's Hospital.

- **Out Patients** - Consultant Child Psychiatrists are a part of each CAMHS team. Out patient arrangements for consultants are made within the team bases. The Consultants' roles include medical supervision for staff, assessments of children with a complex and severe mental health problem and the prescribing of medication. Consultants also provide an 'out of hours' on call service at weekends. The service is intended to make it easier to ensure good mental health in children and young people.
- **Paediatric Liaison Team** – Providing a specialist CAMH service for children and young people who have a physical disability or illness and an emotional, behavioural or psychological difficulty, which arises from or is related to this. The team works closely with the Derbyshire Children's Hospital and provides advice, consultation and training for staff as well as direct work with children and their families. The team is multidisciplinary with a consultant, nurses and occupational therapist.
- **Mother and Baby Unit** – Is a 4-bedded unit based at the Psychiatric Unit at Derby City General Hospital. It provides in patient treatment for mothers (and their infants up to the age of 12 months) who are experiencing mental health difficulties associated with pregnancy and giving birth. The mental health problems include severe postnatal disorders, puerperal psychosis, severe anxiety disorders and women with pre existing mental health problems. The treatment provided includes medication, counselling, bonding work with mothers and their infants and parenting assessments. The team includes a consultant, nurses, occupational therapists, psychologists, social workers and nursery nurses.
- **Child Bearing and Mental Health Community Team** – This Team is also based at the Mother and Baby Unit. It is multi-disciplinary and is made up of a consultant, psychologist, nurses, social workers and occupational therapists. It provides support and consultation for maternity services including ante natal clinics, the maternity unit, midwives and GP's and undertakes assessments and treatments on an out patient basis.

Consultation Question 10

Do you agree with the range of services for children, adolescents and their family?

The Integration Project Board would like to hear the view of as many people as possible on the 2 options available. Please let us have your response to the following questions:

1. What do you think should be included in the visions and values of a new organisation?
2. Do you agree that the further integration of mental health services is a good idea?
3. Which, if any, of the 2 options do you support?
 - The use of further Health Act Flexibilities
 - The development of a Partnership Trust
4. Do you agree with the proposed management arrangements?
5. Do you agree with the proposed accountability arrangements?
6. Do you agree with the proposals to phase the changes over time?
7. How else do you believe the organisation should promote community, user and carer involvement?
8. Do you agree with the proposed range of Adult mental health services?
9. Do you agree with the proposed range of mental health services for Older People?
10. Do you agree with the proposed range of mental health services for Children, Adolescents and their family?

The consultation will end on **30th November 2004**.

All comments should be sent to:

Dave Snowdon
Derbyshire Mental Health Services NHS Trust
Bramble House
Kingsway Hospital
Derby DE22 3LZ

Email: dave.snowdon@derbysmhservices.nhs.uk

You can also come along to one of the public meetings which will be advertised in the local press.

The Project Board will then consider the views expressed and decide whether to make a formal application for Partnership Trust status or to develop Health Act Flexibilities. If the preferred route is for a Partnership Trust, then the application will need to be made to the Secretary of State within 14 days of the close of the consultation. The Secretary of State will then decide whether or not to approve the application and will notify the partners of his decision early in 2005.