

## The future of Mental Health Services in Derby

### Vision and context

Mental health is a key element of Derby's Wellbeing strategy and partners across the city are working together to support communities to achieve high levels of mental wellbeing and provide services to maintain good mental health and help those experiencing periods of mental illness. This document links to other local strategies including the Dementia strategy, Carers strategy and the overarching Wellbeing strategy. Use has been made of a wide range of recent stakeholder and customer consultations in the city to inform and develop this document.

### The purpose of this document

This document sets out the vision for mental health services in Derby and aims to guide partners in their decision making concerning:

- Priorities for reshaping services particularly focusing on recovery and personalisation
- How funding and resources should be shaped to meet future challenges and priorities
- Identification of headline commissioning intentions, looking at the type of services we aim to commission
- Local market management, identifying key gaps and how the market needs to be shaped to achieve the vision

### Vision for Mental Health Services

Our vision that all people living in the city will have access to high quality, compassionate and world class services, with the ethos of recovery and choice and control lying at the heart of services. The focus will be on early intervention and treatment with services targeted where and when they are most effective with a marketplace providing services to help individuals choose appropriate support using their personal budgets which helps them to lead fulfilling lives.

Our aim is to commission services which are:

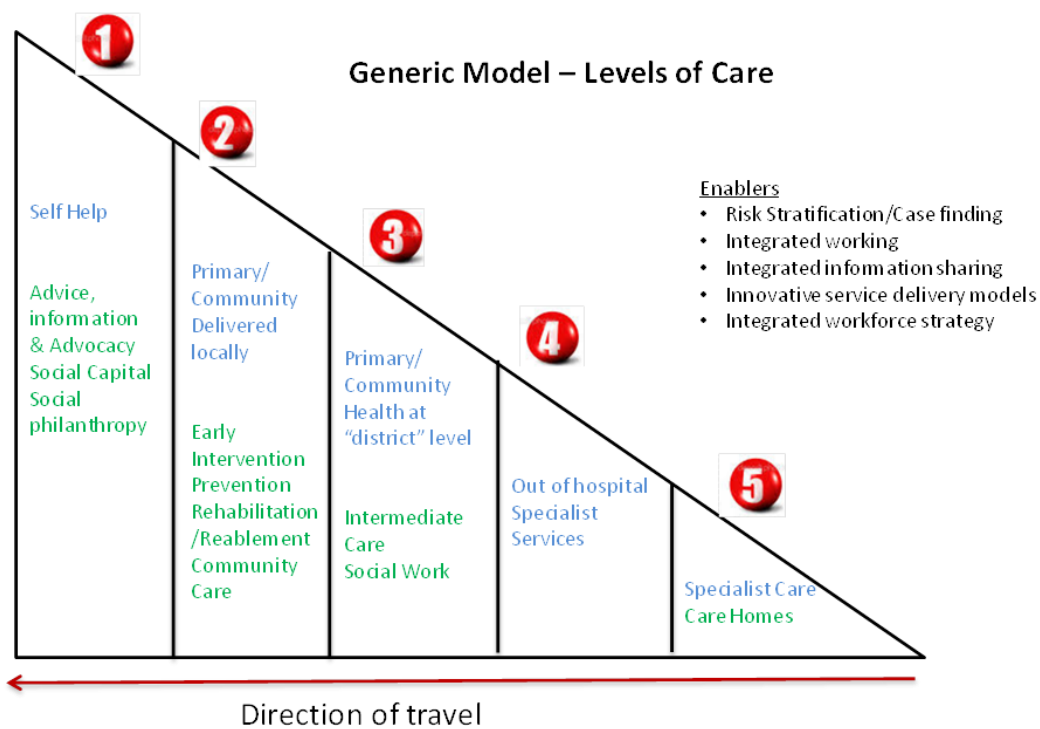
- Based around shared outcomes and aims to provide the best possible outcomes for customers, their families and carers
- Focused on recovery with customers moving through the treatment process effectively and coached to find their own solutions
- Provides choice and control supporting them to achieve their goals and ambition
- Recognises the importance of early intervention preventing the escalation of mental health problems
- Meets the challenge of addressing stigma and discrimination because of mental health
- Has good and fair access based upon people's needs and is timely including 7 day working and out of office hours where needed
- Supports people to remain independent in their own home and community for as long as possible
- Maximises limited funding imaginatively and focuses on collaboration between agencies
- Works collaboratively across administrative boundaries recognising people flow between boundaries

- Provides services within Derby, with a responsive stimulated marketplace where people are not placed out of the area.
- Recognises that there are multiple pathways to first presentation (such as arrest) and aims to provide support in those places.
- Provides easy to access crisis care for those who require it (Crisis Concordat)
- Ensures that people with mental health issues have their physical care met & people with physical problems have their mental health needs met

The Derby City Health and Wellbeing Board agreed a generic model to describe health and social care provision within levels of care (please see figure 1 below) This model is now being applied to integrated care, urgent care and long term conditions and has the potential to also be applied to mental health services

Over the next five years our aspiration is that, as much as possible, people find the support they need at the left hand side of this model. To enable this we will need to change the financial profile by moving services and resources closer to the individual. Recovery, or getting people to be the best they can be within the constraints of their personal circumstances, is at the core of our health and social care system.

**Figure 1: Model for Generic Levels of care**



### Key Drivers

There have been over the past 2-3 years a number of key national policy initiatives and guidance which are driving change and influence our vision. Most prominent amongst these are:

**National mental health strategy ‘No Health without Mental Health’ 2011 and Implementation Framework 2012** - is a cross-government mental health outcomes strategy for people of all ages and has an emphasis on mental health being ‘everybody’s business’. Its implications are:

- Emphasis on recovery
- Shift to outcome based commissioning
- Recognition of the importance of community
- Aim to reduce stigma and discrimination

**Health and Social Care Act 2012** – outlines the programme of legislative reform aimed at making the NHS more responsive, efficient and accountable. The Act saw the establishment of Clinical Commissioning Groups and Healthwatch, the duty on Local Authorities to establish Health and Wellbeing Boards and the move of Public Health into Councils.

**Think Local, Act Personal (TLAP)** – is a national, cross sector leadership partnership focused on driving forward work with personalisation and community-based social care. TLAP aims to help commissioners to reduce duplication, improve outcomes, engage in targeted joint prevention and provide information and advice for people using services to make informed choices. A TEASC / TLAP self-assessment was conducted for mental health services in Derby in partnership with service users to look at local strengths and weaknesses.

**Parity of esteem** – this document highlights the need for a parity of esteem between mental health and physical health services highlighting that only a minority of those with mental health issues receive any intervention which given the impact mental health has on morbidity does not reflect its costs to society as a whole.

**Closing the Gap** – building on the work of No Health Without Mental Health, closing the gap sets out how local partnerships can work to deliver its long term objectives and how national organisations can support them.

**Crisis Concordat** – This concordat expects that, in every locality in England, local partnerships of health, criminal justice and local authority agencies will agree and commit to local mental health crisis declarations. It covers what needs to happen when people in mental health crisis need help – in policy making and spending decisions, in anticipating and preventing mental health crises wherever possible, and in making sure effective emergency response systems operate in localities when a crisis does occur.

Other key policy documents include the following:

**Policy Drivers**

**Messages / Implications**

Department of Health's Commissioning framework for health and well-being (2007)  
Vision for Adult Social Care: Capable Communities and Active Citizens" (2010)  
Equity and excellence: liberating the NHS (White Paper 2010)  
Equalities Act (2010)  
Transforming Care: a national response to Winterbourne View Hospital (2012)  
Caring for our Future: reforming care and support (White Paper 2012 / Care Bill 2013)  
The Francis Report (2013)  
Emergence of Health & Wellbeing Board and Clinical Commissioning Groups (2013)  
Development of national outcomes frameworks for Adult Social Care, NHS and Public Health (2012/13)  
The NHS belongs to the people: A Call to Action (2013)  
A Future Vision for Mental Health (2013)  
Publication of a number of National Institute for Health and Care Excellence quality standards and pathways of care  
Introduction of Payment by Results (PbR) for secondary mental health services

Means

Tackling health inequality  
Employment opportunity  
Volunteering  
Recovery  
Person centred planning  
A focus on offenders  
Supported accommodation  
Earlier intervention  
Prevention better than cure  
Community engagement  
Better information  
Tackling stigma and discrimination  
Safeguarding adults, children and young people  
Equal opportunity / cultural sensitivity  
Improving personal resilience  
Value for money and results  
Performance  
Good governance  
Listening to people who are seldom heard  
Focus on primary care  
Co-production  
Improving the offer  
Clear pathways into support  
Joined up planning  
Specialist services  
Facilitating the market  
Personalisation  
Carers support  
Choice  
Joined up commissioning

## Themes

There are many factors which influence an individual's mental health, good relationships with friends and family work, volunteering or a feeling contributing to society, adequate housing and financial resources, exercise and health diet and access to recreational activities.

Personalisation	
<p><b>Issues:</b></p> <p>Promote co-production at individual level            Maximise choice and control            Implement and guide individuals through the customer journey            Promote community based approaches            Encourage the use of health and social care budgets for MH            Self-management and management of long term conditions            Move away for residential care and service solutions to personalised approaches            Undertake market facilitation and market development            Safeguarding</p>	<p><b>Current initiatives:</b></p> <ul style="list-style-type: none"> <li>• Everyone offered a personal budget</li> <li>• Safeguarding procedures recently reviewed – string link with mental health social care lead</li> <li>• Risk enablement policy in place as part of personalisation process in social care</li> </ul>
Enablement and recovery	
<p><b>Issues:</b></p> <p>Access to employment            Housing            Moving to an enablement focused model            Self-management and non-service approaches            Peer support and navigators</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Reablement workers within the team structure are trained and supported on the Recovery model</li> <li>• Ordinary Lives team in place to move people out of residential care</li> <li>• Employment officer in post to provide employment support</li> </ul>
Inclusion	
<p><b>Issues</b></p> <p>Addressing stigma and discrimination            Actively engage with seldom heard communities (i.e. BME, LGBT &amp; BSL)            Anti-stigma initiatives in communities and with employers            Offenders            Community capacity building to help communities help themselves</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Of particular concern is the Derby deaf community. There is a BSL specific version of mental health first aid and utilising the strengths of the deaf community should prove more helpful than service led solution. The City Council is developing a whole organisational 'Deaf Friendly Council' approach and is working towards attaining the BSL charter</li> <li>• Review of engagement with MH customers underway and new model potentially being developed</li> <li>• Working with Police &amp; Crime Commissioner</li> </ul>

Prevention (whole population and targeted)	
<p><b>Issues</b></p> <p>Act upon evidence that good health = good mental health and work with individuals in keeping well</p> <p>Isolation /loneliness</p> <p>Transition</p> <p>Wider work on later life - effective linkages to the dementia strategy for example.</p> <p>Reducing age barriers to service configuration</p> <p>Managing mental health issues</p> <p>Anti-stigma work</p> <p>Support befriending and mentoring services in the community</p> <p>Support individuals to maintain their relationships</p> <p>Self-management of long term mental health conditions</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Promoting physical health and well-being through IAPT referrals to B-You and its replacement XXXX</li> <li>• Joined up approach to employment support being developed</li> <li>• Carers - Making Space service; funding for Derbyshire Carers Association</li> <li>• Developing mental health first aid kit &amp; other community based initiatives</li> </ul>
Effective treatment	
<p><b>Issues</b></p> <p>Service user feedback has consistently pointed to difficulties out of office hours. 111 service algorithms routinely send people to casualty who should not from a clinical perspective attend if there was access to a suitably qualified MH professional</p> <p>NICE evidenced therapies</p> <p>Work on PbR clusters 1-8</p> <p>Utilise evidence based practice from elsewhere</p> <p>Maximize access to services, look at opening times, venues etc.</p> <p>Minimize waiting times</p> <p>NICE evidenced therapies</p> <p>Evaluation of initiatives and pilot activities to learn and spread best practice</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Social care teams working towards reduced permanent admissions</li> <li>• RAID being established at hospitals</li> <li>• 24 hour crisis service in place in crisis house and step down units</li> <li>• The DoH have funded a pilot for a year whereby RMN are attached to the police in Derby using a mobile unit with a view to diverting cases via joint assessment at the start of an incident 'mental health triage'</li> </ul>
Process	
<p><b>Issues</b></p> <p>Reduce transfers of care from one team to another</p> <p>Outcome based commissioning and monitoring</p> <p>Workforce planning</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Savings and efficiencies have been achieved across social care for the past 2 years</li> <li>• Scoping of joint approaches taking place e.g. SLA with CCG</li> </ul>
Integration	

<p><b>Issues</b></p> <p>Workforce development  Sharing information and patient data  Customer journey  Shared protocols  Joint funding and commissioning  Better engagement with primary care team</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• CCG community support teams</li> </ul>
<b>Contribution</b>	
<p><b>Issues</b></p> <p>Community capacity building / social capital  Carers  Healthwatch  Local area coordination</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Community capacity building via a number of initiatives e.g. LACs, First aid for Mental Health projects in ethnic minority groups</li> <li>• Mental health awareness events in communities</li> <li>• Information and advice forum established for providers to share best practice and work collaboratively to bid for external funding</li> <li>• Community directory of services produced (online) and freely available; launched by voluntary sector in 2012</li> <li>• Community directory for Derbyshire launched and updated by voluntary sector</li> </ul>
<b>Technology</b>	
<p><b>Issues</b></p> <p>Technical compatibility  Skype, telemedicine etc.</p>	<p><b>Current initiatives</b></p>
<b>Leadership</b>	
<p><b>Issues</b></p> <p>Political support for change  Work in partnership with agencies and the voluntary sector  In Control  Health and Wellbeing Board</p>	<p><b>Current initiatives</b></p> <ul style="list-style-type: none"> <li>• Council has committed to “Time to Change” and mental health will be included in the emerging Workplace Wellbeing strategy</li> </ul>

## Way forward

Partnership is key to the delivery of this vision, because for us to achieve our vision for mental health services in Derby and address the themes identified we need to work together to deliver against the short, medium and long-term actions identified in the headline action plan overleaf:

**Current service model 2014**

**Actions and commissioning intentions**

**Desired service model 2019**



- Customers and carers are involved in service planning
- Collaboration exists to effectively disseminate advice and guidance
- Intelligence on the MH community is available - Mental Health Profile produced in 2011 for the City
- Local Area Co-ordination across two wards; Arboretum and Alvaston
- Promoting physical health and well-being through IAPT referrals to wellbeing initiatives
- Recovery explored before long term packages in place
- Social care teams working towards reduced permanent admissions but difficult to engage clinicians and hospital staff
- Customer journey developed
- Outcome based support assessment in place and outcome based support plan being used
- Current Trust services are commissioned on 2000 model creating outreach teams
- Acute hospital bed based with independent hospitals providing rehabilitation
- Activities based around a 'services' focused model

- To develop the generic model to reflect mental health practice effectively
- To ensure commitment to change by Health and Wellbeing Board
- Vision for strategic direction for strategic sign up by partners to be developed
- Continued focus on social inclusion outcomes which can give us basis to develop a Recovery College Model
- Review social inclusion model and continue to develop services
- Agree shared outcomes for MH services such as the work with voluntary sector organisations
- More services provided in the community and more intermediate and community care options
- Breadth of services increase
- Develop close working relationships across boundaries
- Learning best practice from elsewhere
- Implementation of PBR and outcome based contracting
- Learning lessons from Local Area Co-ordination pathfinder areas
- Offender pathway
- Gradual move away from hospital care to care in the community
- Developing self-management strategies
- Enabling choice and personal control at all stages of the customer journey

- Greater co-production, recognising the individual as expert in own health
- MH services integrated into universal services such as Libraries, places of work and community groups
- Local Area Co-ordination available across the City and increased investment
- Supported living will be enhanced
- The voluntary sector will be supported to provide more services
- Customers will be offered a seamless customer journey moving from referral to care plan which informs intervention changes (both step up and step down of interventions)
- Outcomes will be agreed and shared across all stakeholders and will lie at the heart of future commissioning
- Works with criminal justice system to divert individuals from custodial solutions and to help those already in the system
- Health and wellbeing is promoted to reduce health inequalities and the higher mortality rates of those with mental health issues
- Fewer people as in-patients with support in communities
- Agreement to move away from team structures to focus on outcomes and holistic outreach
- Established strategies for community development & self-help are in place



