

**Joint Commissioning Plan**  
**For**  
**People with Mental Health Problems**  
**2007-11**

**Herefordshire Council**



**Herefordshire Primary Care  
Trust**



## CONTENTS

## Page

### Executive Summary

1. Introduction	3
2. Aims and measures for Mental Health Services	3
3. Monitoring	4
4. Carers' Needs	4
5. The Commissioning Process	5
6. Assessment of need	6
7. Financial Framework.	7
a) Current Financial Framework	7
8. The health and social care market	8
9. Adult Mental Health Services	10
a) Assessment of need	10
b) Current Financial Framework	11
c) Anticipated future financial framework	12
d) The Health and Social Care Market	14
e) Future Commissioning Intentions	15
10. Older Adult Mental Health Services	21
a) Assessment of need	21
b) Current Financial Framework	23
c) Anticipated future financial framework	23
d) The Health and Social Care Market	24
e) Future Commissioning Intentions	24

### Appendices

1. Future vision and service model	29
2a. Current service provision – Adult Mental Health Services	30
2b. Current Service Provision – Older Adult Mental Health Services	31
3a. Position Statement – Adults with Mental Health Problems	32
3b. Position Statement – Older Adults with Mental Health Problems	36
4. Older People with mental health problems – service model	39
5. National and local policy drivers	40

## 1. Introduction

One in four adults will suffer from mental illness at any given time ranging from feelings of distress to dementia. Mental health problems are unfortunately not particularly well understood by the wider community due to fear and stigma.

This commissioning plan addresses the mental health needs of adults over the age of 18. It focuses on improving the health and quality of life for people with mental health needs and sets the strategic vision for the next four years in order to meet these needs. It is aimed at managers employed in commissioning and providing services rather than the general public.

The plan has been informed by national guidance, local strategic plans, local needs assessment and stakeholder experience. These drivers have identified targets, outcomes and specific guidance.

The information has been used to develop a position statement showing how services in Herefordshire currently compare against the targets and outcomes, (Appendix 3a and 3b). The position statement has informed the commissioning intentions for the next four years.

This plan lays out the vision for an integrated model that will enable local community organisations to contribute towards the provision of support and reduce the impact of mental ill health on the wider community.

## 2. Aims and measures for Mental Health Services.

This plan addresses the commissioning intentions for mental health services for adults over the age of 18 years. It does not include substance misuse, which is the subject of a separate plan. It illustrates the need to transform local services, in order to ensure that people who experience mental health problems can access the most appropriate service for them, in a setting that promotes wellbeing and reduces the stigma often associated with mental ill health.

The aims of the plan are to:

- Promote the mental well-being of the population of Herefordshire;
- To ensure the needs of adults over the age of 18 with mental health problems are positively and effectively responded to;
- To satisfy the requirements of national policy and local priorities;
- To further develop the commissioning process in order to deliver to the aspirations of users and carers and expectations of choice and recovery;
- To provide a framework to enable engagement with a range of strategic partners to develop new service solutions to meet local needs;

- Promote social inclusion and recovery with an emphasis on;
  - Increasing access and provision to decent accommodation
  - Promoting employment opportunities
  - Combating stigma
  - Promoting Choice

Mental Health Services must link with other agencies and programmes to promote the full citizenship and social inclusion of people with mental ill health

### **3. Monitoring**

Where services are commissioned, the Primary Care Trust and Council have existing systems for monitoring individual contracts. Both organisations have internal performance management systems and are subject to external inspections and performance monitoring of commissioned services.

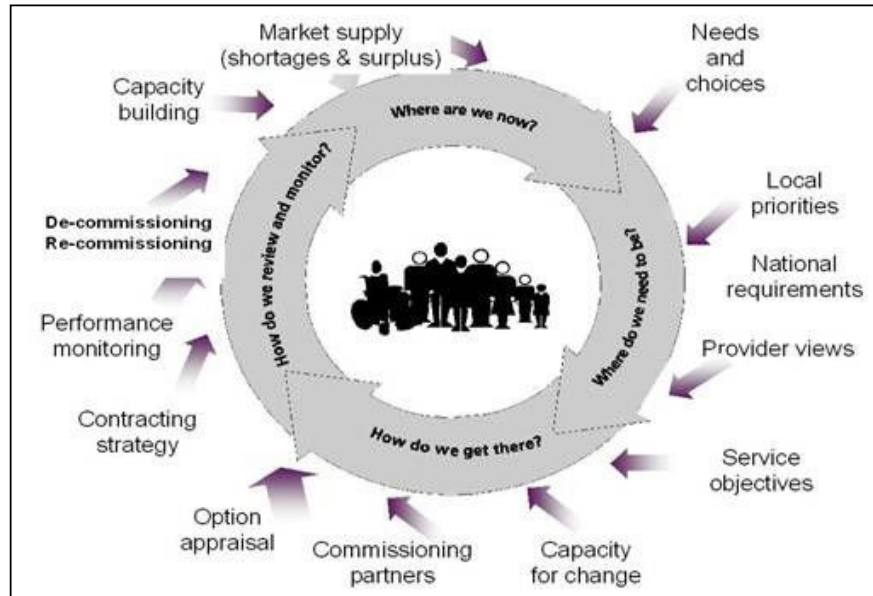
### **4. Carers Needs**

This plan includes some services that assist carers by supporting the people they care for. Carers' issues are referred to in this plan in the sections on needs assessment, financial framework and commissioning intentions. The commissioning of services which have specific benefit for carers is co-ordinated through the carers' commissioning plan, which is referenced where appropriate. This is because some services that support carers are most easily managed within the service user specific arrangements e.g. day services for a specific service user group inherently support carers whereas training would help carers across a range of client groups.

## 5. The Commissioning Process

Commissioning has been defined as 'The process of specifying, securing and monitoring services to meet people's needs at a strategic level. This applies to all services whether they are provided by the local authority, NHS, other public agencies or by the private or voluntary sector' (*making ends meet website.....* also quoted in "Report & Action Plan: Strategic Planning and joint commissioning in Herefordshire" p6, *The Alliance 2006*)

This process is cyclical. Contracting and procurement are part of the process.



**The Commissioning Cycle**

The cyclical nature of the commissioning process and the diagram are echoed in:-

- "Every child matters – Joint planning and commissioning framework for children, young people and maternity services – 2006" *Department for Education and Science*
- Report & Action Plan: "Strategic planning and joint commissioning in Herefordshire" *The Alliance of Voluntary Sector Organisations in Health and Social Care (The Alliance), 2006*
- "Health Reform in England Update and Commissioning Framework: Annex. The commissioning framework" *Department of Health July 2006.*

The introduction of Practice Based Commissioning within the NHS will make the engagement of GPs in the process increasingly important. There will be more changes in the light of the Public Service Trust arrangements and "Commissioning and Person Centred NHS" which will become clearer during 2007.

This commissioning plan captures the situation and future intentions at a particular stage in the process. Any commissioning plan can vary in its relation to other strategic documents and in what it includes. It will reflect the level of the underpinning analysis and planning ranging from a statement of strategic intent to a detailed comprehensive statement of purchasing intentions.

## 6. Assessment of Need.

Herefordshire is the most sparsely populated unitary authority in England with only two other English counties having lower population densities. About one third of the population lives in Hereford City and a little more than a fifth in the market towns, although using the official rural definition, 55% of the population live in a rural area.

The black and minority ethnic (BME) population in Herefordshire rose from 2.7% of the total population in 2001 to 3.3% in 2003. The number of registered seasonal workers coming into Herefordshire remains relatively stable however there continues to be an in-migration of people from Eastern Europe.

*Source: Health in Herefordshire. Director of Public Health Annual Report 2006*

There are areas of poverty and deprivation within the County concentrated in Hereford City (South Wye and Central wards) and Leominster and most parts of the County fall within the 10% most deprived nationally in terms of geographical access to services.

There is a serious shortage of affordable housing with homelessness becoming a growing problem. *Source: The community Strategy for Herefordshire 'A sustainable Future for the County'2006.* A Housing plan for people with Mental Health Problems is currently under development. This plan will identify the accommodation needs of people with mental health problems over the next three years.

### **Carers**

Carers play a vital role in helping to look after service users of mental health services. Providing help, advice and services to carers can be one of the best ways of helping people with mental health problems. The strains and responsibilities of caring can have an impact on carers' own mental and physical health and these needs must be addressed by health and social services.

The National Service Framework for Mental Health identified that all individuals who provide regular and substantial care for a person on CPA should;

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis
- Have their own written care plan which is given to them and implemented in discussion with them.

In 2001, 10% of Herefordshire's population provided unpaid care at some level (17,600) which is the same as England as a whole but slightly lower than the West Midlands Region (11%). Across all areas the majority of Carers provide between 1 and 19 hours per week.

A specific Carer's needs analysis in Herefordshire has not yet been carried out; however carers needs have been widely evidenced nationally and locally

*Source: Joint Commissioning Plan for Carers Services in Herefordshire 2007-11*

## 7. Financial Framework

### 7a. Current Financial Framework

The health care economy within Herefordshire defines its investment plans through the Local Delivery Plan whilst Adult Social Care Services of Herefordshire Council develop their service plans and investment priorities through the local authority. Some services, including adult and older people's mental health services are commissioned jointly by the Council and Primary Care Trust under arrangements made under Section 31 of the Health Act.

In 2005/06 £19 million was jointly invested in mental health services by Herefordshire Primary Care Trust and Herefordshire Council which is detailed below.

Primary Care Trust	£000s	Social Care	£000s
Provider Mental Health Services	9,301	Community Care - Residential	1,742
WM Specialised Services	1,876	Community Care - Nursing	1,377
Special Placements (out-county)	1,174	Social work costs	636
Commissioning (SLA)	855	Service Level Agreements	236
Continuing Health Care	527	Out of hours services	62
Free Nursing Care/Incontinence	487	Homecare	592
The Shires Nursing Home	296	Other (transport Drug/alcohol)	111
		Access/Systems capacity Grant	(87)
<b>Total</b>	<b>14,516</b>	<b>Total</b>	<b>4,669</b>

Significant resources are added to service delivery by the activity of third sector providers in attracting additional funding.

#### Carers

Specific funding for Supporting Carers 2006/07

Service	Funding Responsibility
Carers Grant	
Bob Izon Unit (nursing respite)	Herefordshire PCT
Elmhurst (residential respite)	Herefordshire Council
Alzheimers society – day care	Herefordshire Council
Carers Action (spot purchase)	Herefordshire Council

## **8. The health and social care market**

Mental Health Services within Herefordshire are currently commissioned from the Primary Care Trust and is provided by an integrated service which offers support to people over the age of 18 with Mental Health problems. Services are also commissioned from third and private sector providers.

Herefordshire PCT and Herefordshire Council have agreed a compact with the Third Sector Alliance which includes a code of conduct to govern the commissioning and procurement relationships with the Third Sector. The commissioners have invested in the Alliance and the Compact to support Third Sector development that will provide greater diversity of provision.

Services are commissioned from private sector providers within the procurement roles of the Council and PCT. The care home market and domiciliary care market account for about 80% of the council's expenditure on social care services for people with mental health problems. A piece of work is currently underway to develop and improve working relationships between non-statutory partners and the PCT.

Within the health commissioning process of the PCT, GP practices will gain more responsibility for commissioning through Practice Based Commissioning. Budgets will be devolved to practice level to allow GP's to take commissioning initiatives within the framework of the Local Delivery Plan.

The White Paper "Our Health, Our Care, Our Say" and recent NHS reorganisations ("Creating a patient led NHS") will make health care more market orientated by 2011 and promote more commissioning outside of the acute sector. The Health Services currently provided directly by the PCT (mental health, community hospitals, district nursing, therapists etc) will become more independent from the commissioning function of the PCT.

The introduction of individualised budgets in social care will lift some barriers to the current low take up of Direct Payments and lead to more individual commissioning and new relationships between the user, commissioner and provider. This is currently being piloted in Learning Disability services.

### **Care Homes**

Herefordshire has 122 care home beds for adults (18-65) with mental health problems – 1.36 beds per 1,000 people compared to a national average of 1.28 and 896 identified EMI beds for older people with dementia - 25.99 beds per 1,000 people compared to a national average of 20.04. These figures are an overestimation as many beds are dual registered. Occupancy levels within the care homes in Herefordshire remain high and commissioners experience a system running near capacity. There remains a shortage of beds for people with mental health problems.

#### **Block purchase**

The Council currently block purchases the following from Shaw Healthcare following a transfer of council owned homes in 2004;

- 25 EMI residential care beds
- 7 EMI residential respite beds



The PCT currently block purchases 23 EMI nursing beds from Blanchworth Care and 10 EMI nursing respite beds at Bromyard Community Hospital.

The majority of homes are small, independent businesses often with individual owners. Very few homes accept referrals for placements at the Council's band rate with the majority of homes charging families a weekly top-up fee; however, above inflation fee increases have been agreed by the Council for the last two years.

### **Domiciliary Care**

Herefordshire Council has developed block contracts with 4 providers of which 11% of the contracted hours have been allocated to Mental Health Services. Additional hours are purchased on a spot basis from generic domiciliary care agencies.

There are no domiciliary care agencies within Herefordshire that specialise in either mental health problems or dementia.

## 9. ADULT MENTAL HEALTH SERVICES

### 9a. Assessment of Need

Common mental disorders affect up to 1 in 4 of the population at any one time. Therefore in 2006 it is estimated that up to 18,874 people in Herefordshire aged between 18 and 65 years will be suffering some sort of mental health problem at any one time, although the majority of these people will be seen in primary care.

Local information systems are not available to identify unmet need and provide trend data that informs population based commissioning therefore we have been reliant on epidemiological information derived from national sources and extrapolated for the local population.

It should be noted that the population figures used were based on the population forecasts for Herefordshire 2003-2011 based on ONS 2002 Mid-Year estimates. Key epidemiological information – based on the Local Authority population figures – can be summarised as follows:

Diagnosis	Estimated number of people aged 16-65		No. clients on caseloads
	2006	2011	July 06
People with severe and enduring mental illness <sup>1</sup> (300 – 1,500 per 100,000 adult population)	340 – 1,699	341 – 1,702	1338
Prevalence rate for probable psychotic disorder <sup>2</sup> (5 per 1,000 adult population)	566	567	
Annual incidence of schizophrenia <sup>3</sup> (0.1 – 0.2 per 1,000 population)	11 - 23	11 - 23	
Prevalence rate for schizophrenia <sup>3</sup> (3% per 1,000 population)	340	341	340
Prevalence of early onset dementia <sup>4</sup> (1 in 1,000 population 40-64 yrs)	65	68	

<sup>1</sup> Source: *Keys to engagement, Sainsbury Centre for Mental Health*

<sup>2</sup> Source: *Psychiatric Morbidity among adults living in private households, 2000*

<sup>3</sup> Source: *Oxford Textbook of Medicine*

<sup>4</sup>

Between 2006 and 2011 it is estimated that the 15 -64 population of Herefordshire will increase by less than 1% therefore it is not expected that the incidence or prevalence of mental health problems will change significantly.

Source: *Herefordshire Population Forecasts, 2002-based, Herefordshire Council, 2004*

## **Gaps in Service**

Gaps in service that have been identified;

- NSF and NHS Plan targets for 'new workers'
  - Graduate workers,
  - Community Development workers,
  - Comprehensive Crisis assessment/home treatment service – 24/7 working
  - Comprehensive Early Intervention service
- Comprehensive Advocacy Services for people with mental health problems and their carers
- Specialist carer support services, including carers' support workers
- Comprehensive liaison between primary and secondary care – implementation of protocols for depression and other mental illnesses
- Comprehensive recovery and rehabilitation services
- Adequate range of housing options and housing support
- Comprehensive Mental Health Promotion services linking with suicide prevention and social inclusion
- Range of employment and vocational opportunities and support
- Community services for people with a personality disorder.
- Local/community services for people with an Eating Disorder
- Wide use of Direct Payments and individualised budgets
- Safe House/respice house
- Equitable distribution of psychological therapies
- Community based day opportunities that promote social inclusion
- Access to information for service users and carers
- Capacity to financially support service user and carer involvement
- Development of Women's Services

## **9b. Current Financial Framework**

This section describes the comparative financial information for Herefordshire in relation to national and comparator group peers. It identifies indicators of relative efficiency for mental health services.

### **National Institute for Mental Health Financial Mapping:**

The National Institute for Mental Health in England (NIMHE) commission an annual national Financial Mapping exercise, conducted by Mental Health Strategies, in relation to Working Age Mental Health Services.

Data is collected in relation to NSF LIT areas and comparative analysis is provided in relation to three comparator groups – England, the Strategic Health Authority and the ONS cluster. The ONS cluster is a classification produced by the Office of National Statistics (ONS) which allocates all local authorities to groups of areas with broadly

similar characteristics. Herefordshire is allocated to the ONS cluster - Prospering small towns.

It is recognised that there are some inaccuracies in the data – due to inaccurate or inconsistent data entry but the study does provide the best available national comparative financial data.

### **Per Capita Expenditure on Mental Health Services;**

Overall Weighted Investment Per Head

2005/06 Total Health and Social Care Investment in Working Age Mental Health	Herefordshire	SHA	ONS Comparator area <sup>1</sup>	England
£12,958,000	£153.70	£146.30	£146.30	£149.90

This indicates that Herefordshire spends nearly 5% more – taking into account the weighted population – than the average for the comparator ONS cluster. Figures for the weighted investment per head in terms of service categories indicate the areas where we are spending significantly higher or lower in comparison with other areas:

- Areas of high weighted investment in relation to the ONS cluster were: Community Mental Health Teams and Secure and high Dependency Provision,
- Areas of low weighted investment in relation to the ONS cluster were: Access and Crisis Services, Accommodation, Home Support Services and Psychological Therapy Services

Further summary:

Herefordshire has a similar percentage spend on direct costs compared to other comparator groups. This suggests that Herefordshire is as efficient as other comparators.

The percentage expenditure by service area for Herefordshire was within a similar range to comparator groups for most service areas. The widest variations in relation to the ONS cluster were Community Mental Health Teams which was 5% higher at 20% of the total and Secure and High Dependency Provision at 8% higher at 23% of the total

However, home support services was 3% lower at 0%; psychological therapy services was 3% lower at 1% and accommodation which was 2% lower at 6%.

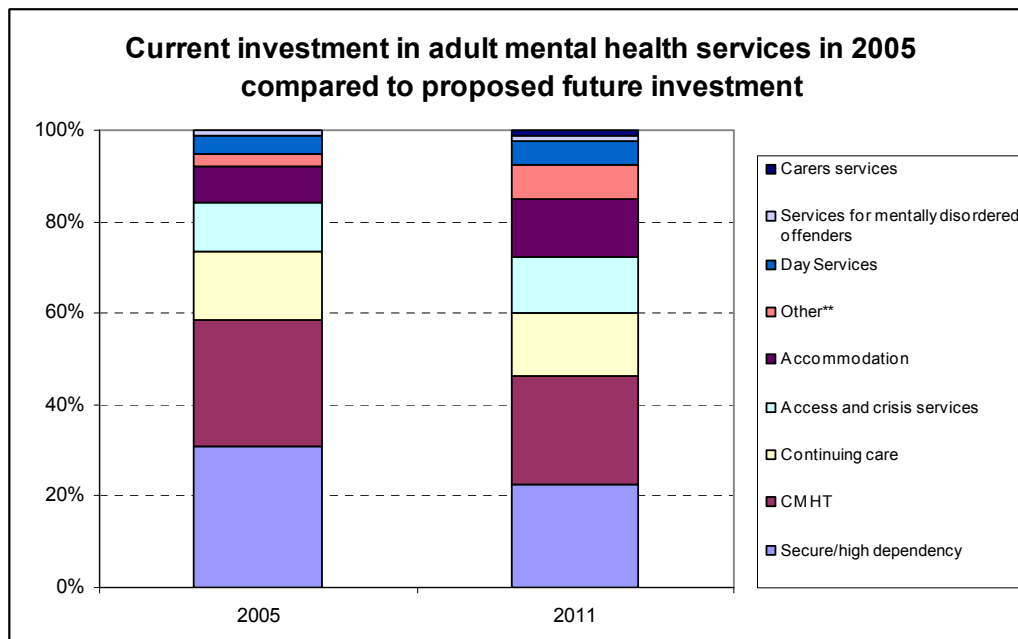
### **9c. Anticipated future financial framework**

2007-08 is the last year in which PCT revenue allocation has been identified by the Department of Health (HSC2005/001) and in which associated development funds for people with mental health problems are highlighted in the Local Delivery Plan. From 2008-09, resources are unlikely to increase therefore to meet the diverse needs of people experiencing mental health problems it will be essential to re-engineer current services into a mixed economy of providers

Achieving our aims will depend on the effective use of existing resources, including re-designing existing services, decommissioning some services combined with investment from non-traditional sources.

In line with national guidance, community services will be further developed to ensure that everyone with a severe mental illness receives the range of services they require and so reduce the need for hospital admission or permanent long term care. Therefore some resources will be redirected from these services.

The following graphs show current investment by service area compared with the proposed future split, which is in line with the English average as identified in the Financial Mapping exercise 2005 – reducing investment in high dependency and inpatient services and increasing investment in community services.



2005 figures from autumn 2005 monitoring LIT Results of Financial mapping for Herefordshire  
 "Day Services" includes employment and training  
 "Other" services include support services, Direct payments, Home support services and health promotion services

This plan acknowledges the requirement to invest the resources across a number of mental health providers and to continue to direct resources into local, Third Sector providers, particularly in relation to providing support and treatment interventions to people with common mental health problems. In line with national guidance, resources will be directed at services that will support people to remain in their own homes.

This will involve more partnership arrangements with private and third sector providers. In the case of Third Sector organisations this will fall under the framework of the Funding and Procurement Guidelines of the Herefordshire Compact. Similar working relationships are currently being developed with private sector providers by the Council and PCT.

## 9d. The health and social care market

The PCT and Council commission the following services for adults with mental health problems from an integrated mental health service which offers support to people over the age of 18 with Mental Health problems and from the independent and third sectors.

<b>Community Services</b>
5 x Community mental health teams
Crisis Assessment Home Treatment Team
Forensic Assessment Community Team
Assertive Outreach Service
Early intervention in psychosis Service
Psychological Therapy and Counselling Service
Deliberate self Harm Psychiatric Liaison service
<b>Acute inpatient Unit</b>
38x beds Stonebow Unit (Mortimer/Jenny Lind wards)
4 x beds Enhanced Care Area
9x beds Oak House – Residential Rehab Unit
<b>NHS Day Hospital</b>
Stonebow unit
<b>Registered Care Home</b>
13 x beds - The Shires Nursing Home
10 x beds - Advance Housing 54-56 New Road, Bromyard (residential)
Adult Placement
residential/nursing homes – spot purchase
Specialist out-of-county placements/Continuing Health Care
Forensic – secure/medium/low secure placements
<b>Supported Housing</b>
Community Support Service (supporting People funded)
9 x beds Ferncroft – transitional housing scheme
Madonna House – transitional housing scheme
Etnam Street, Leominster – transitional housing scheme
Intensive supported housing project
<b>Day Centre/Resource Centre</b>
Herefordshire MIND – Heffernan House/Drop-in centre
<b>Employment Schemes</b>
Shaw Trust – MH employment project
<b>Mental Health Promotion</b>
Mental Health Promotion – via PCT Public Health Directorate – Information, Training etc.

Many services are provided by the third sector without statutory funding. These services include;

- Education and Leisure Opportunities
- Primary Care Counselling Service
- Carer Services
- Service User Group/Forum
- Advocacy Service
- Herefordshire Rural Support Network

## **9e. Future Commissioning Intentions**

Services will be commissioned to support the aims outlined in Section 2 above.

Mental Health Services within Herefordshire will be developed in line with the vision identified by the Local Government Association, the NHS Confederation, the Sainsbury Centre for Mental Health (SCMH) and the Directors of Social Services in the policy paper 'The Future of Mental Health: a vision for 2015 where the focus of public services will be on mental wellbeing rather than on mental ill health.

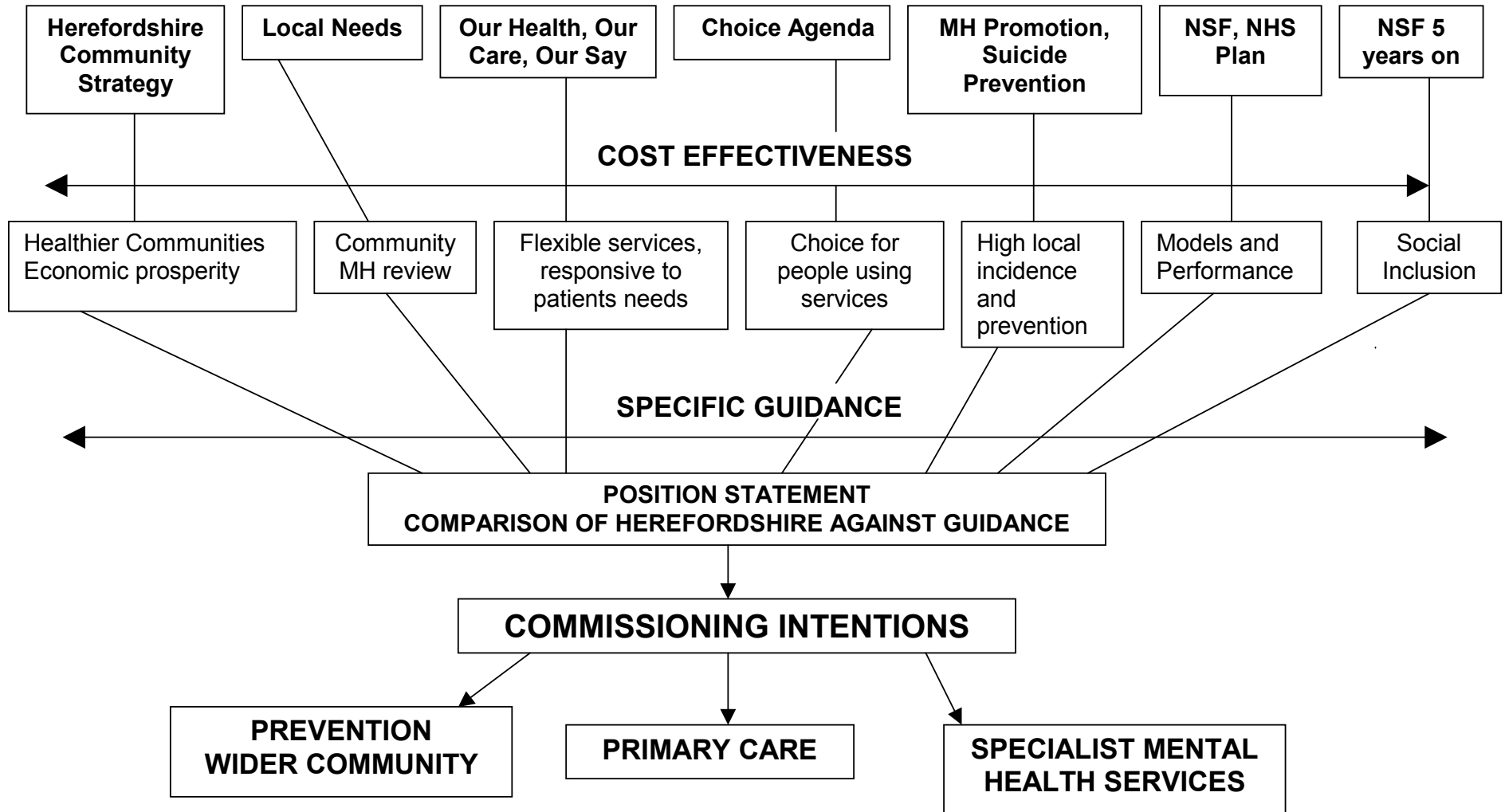
Therefore some changes will be required in the levels of service with a move in emphasis towards less intensive services that support independence as resources can be freed up.

Across the range of service provision the priority areas are;

- Wider community/ prevention,
- Primary care
- Specialist mental health services.

## Adults with mental health problems

### Drivers





## COMMISSIONING INTENTIONS

PREVENTION/WIDER COMMUNITY (Social inclusion)	PRIMARY CARE	SPECIALIST MENTAL HEALTH SERVICES
	Standard 2 NSF	Standard 1 NSF
	Standard 3 NSF	
Standard 4 NSF		
	Standard 5 NSF	
Standard 6 NSF		
Standard 7 NSF		
<p><b>NSF targets</b></p> <ul style="list-style-type: none"> <li>• Community Development workers</li> <li>• Mental Health Promotion</li> <li>• Suicide prevention</li> </ul> <p><b>NSF 5 years on/OHOCOS/Herefordshire Community Strategy/local targets</b></p> <ul style="list-style-type: none"> <li>• Day Services</li> <li>• Employment</li> <li>• Education</li> <li>• Leisure opportunities</li> <li>• Housing/supporting people</li> <li>• Access to advice and information</li> <li>• Service directory</li> <li>• Advocacy</li> <li>• Benefit Advice</li> <li>• User and carer involvement</li> <li>• Community Support Networks</li> </ul>	<p><b>NSF targets</b></p> <ul style="list-style-type: none"> <li>• 24hour access to local services</li> <li>• Early Intervention service</li> <li>• Graduate Workers</li> <li>• Primary care protocols/care pathways</li> </ul> <p><b>Local priorities</b></p> <ul style="list-style-type: none"> <li>• Child Adolescent Mental Health Service interface/access</li> <li>• Psychology/ Counselling services</li> </ul>	<p><b>NSF targets</b></p> <ul style="list-style-type: none"> <li>• Crisis Team - gatekeeping</li> <li>• Assertive Outreach Team</li> <li>• Carers Support</li> <li>• STaR workers</li> <li>• Crisis Accommodation</li> <li>• Single point of access</li> <li>• Psychological Therapies</li> </ul> <p><b>Our Health, Our Care, Our Say</b></p> <ul style="list-style-type: none"> <li>• Direct payments/individualised budgets</li> </ul> <p><b>Local priorities</b></p> <ul style="list-style-type: none"> <li>• Personality Disorder service</li> <li>• Eating Disorder service</li> <li>• Rehabilitation &amp; Recovery service</li> <li>• Eligibility Criteria</li> <li>• Learning Disability/Autistic Spectrum Disorder /Child and Adolescent Mental Health Service interface</li> </ul>

*Standard 1 – Mental Health Promotion,*

*Standard 4 & 5 – Effective services for people with severe mental illness*

*Standard 7 – Preventing Suicide*

*Standard 2 & 3 – Primary Care and Access to Services*

*Standard 6 – Caring about Carers*

These commissioning intentions are explained further below;

In reviewing current provision and the desire to enhance access, reduce stigma and promote inclusion and choice, a programme of major change will be required. This will require some changes in the levels and patterns of service. There will be a move in emphasis towards developing specialist services for those most in need, preventative services for those who are trying to live independently and working in partnership with other agencies to provide services for the wider community, e.g. ensuring wellbeing.

## **1. PREVENTION/WIDER COMMUNITY (Social inclusion)**

### **a) The achievement of key NSF targets**

- *Community Development workers*
- Development workers will make links between mental health services and black and ethnic communities in order to ensure good access for all minority groups.
- *Mental Health Promotion*
- To improve mental health by promoting mental wellbeing “because mental wellbeing is crucial to good physical health and making healthy choices” (The Future of Mental Health: a Vision for 2015, SCMH 2005)
- *Suicide prevention*
- A Local suicide strategy to be implemented with good systems for measuring its impact and effectiveness including a suicide audit which results in the suicide rate being reduced by one fifth by 2010. Mental Health promotion and suicide prevention will be amalgamated into one programme of work.

### **b) Day Services/Leisure opportunities**

To develop community resources with improved access to mainstream opportunities that promotes social inclusion.

### **c) Employment/Education**

The development of a range of services and support to enable people with severe mental health problems to access or retain paid employment, mainstream education/training or integrated voluntary work in the local community as identified within “Report of a Service Evaluation of Help to Gain and Retain Work for People Using Herefordshire Mental Health Services by Occupational Therapists”  
There are defined and agreed vocational and social outcomes for people with mental health problems.

### **d) Housing/supporting people**

The recommendations of the housing plan will be implemented to provide an adequate range, number and quality of housing and support options within Herefordshire to enable service users to remain in their own home wherever possible. The commissioners will work with Supporting People to identify areas of joint work.

### **e) Access to advice and information**

Comprehensive and accessible information available on local services and diagnoses, including an up-to-date service directory

### **f) Advocacy**

To ensure service users have access to independent advocacy to a level and in ways which are sufficient to meet local needs.

- g) **Benefit Advice**  
Endure that entitlement to benefits is being taken up in full, by developing signposting to appropriate agencies for benefits/welfare rights information
- h) **User and carer involvement**  
Expand the engagement and involvement with service users in planning, monitoring and developing services. Develop a stable funding base for effective user initiatives.

## 2 PRIMARY CARE

Nearly a third of all GP consultations are related to mental health problems (SEU, 2004). Some 91% of these people are treated entirely in primary care (Hague & Cohen, 2005). Services provided within primary care need to be developed and co-ordinated to provide seamless services with secondary care (CAMHS/Adult mental health services/older adult mental health services with clear care pathways. Appropriate treatment protocols for depression, anxiety and other mental illnesses need to be implemented. The commissioning intentions for primary care mental health services include;

- a) **The achievement of key NSF targets**
  - *Early Intervention service* - A team that serves at least 61 people within the community and meets the 8 criteria required within the national model.  
The team;
    - Has capacity to intervene over a period of 3 years with first-episode psychosis
    - Is accessible to the full age range – 14-35 years.
    - Offers active monitoring of individuals who are considered high risk of psychosis
    - Has caseloads of no more than 15 first-episode psychosis cases per case manager.
    - Employs a multidisciplinary staff mix
    - Has a system in place to cover out-of-hours and weekends
    - Has a strategy for early detection and engagement of high risk cases.
    - Routinely monitors outcomes
  - *Graduate Workers*  
To provide therapies for people with less severe and enduring mental health problems within primary care and to liaise between primary care and social care/secondary care services including the development, implementation and promotion of primary care protocols/care pathways
- b) **24hour access to local services**  
Develop single point of contact into the mental health service to allow signposting and further information
- c) **CAMHS/LD interface/access**  
Seamless services between primary care and social care/secondary care (CAMHS, Adult mental health services, older adult mental health services, Learning Disability services) irrespective of age
- d) **Psychology/ Counselling services**  
A range of equitable counselling services provided throughout Herefordshire.

- Mental Health Promotion & Primary Care Programme (ref. CSIP West Midlands)
- Mental Health Promotion toolkit implementation with reference to evidence based interventions - Signposting etc.

### 3. THE DEVELOPMENT OF SPECIALIST MENTAL HEALTH SERVICES

In order to meet key NSF targets and to manage the increasingly complex presenting needs of some people with mental health problems, the increase in the number of requests for placements and high occupancy rates within the inpatient unit necessitates some changes in the levels and patterns of specialist mental health services. The commissioning intentions for specialist mental health services include;

#### a) The achievement of key NSF targets

- *Crisis Resolution and Home Treatment* – A crisis assessment and home treatment team ‘gate-keeping’ admissions to the inpatient unit and providing alternatives to admissions, covering the county 24 hours per day, 7 days per week which results in reduced admissions and occupancy rates.
- *Assertive Outreach Team* – Providing support to at least 54 people living in the community with severe and enduring mental health problems.
- *Carers Support* – Comprehensive support provided to carers including routine carers’ assessments performed.
- *STaR workers* – 9 workers trained in recovery, providing sustained and detailed support to maintain people in the community.
- *Crisis Accommodation* – an alternative to in-patient admission
- *Single point of access* - Single point of contact. Clear care pathways between all elements of mental health services Implement and promote a single point of access and agreed care pathway into the acute services – including in-patient units.
- *Psychological Therapies* - An equitable countywide service providing a range of interventions.

#### b) To increase the number of people receiving direct payments/ individualised budgets

Direct payments/individualised budgets offered to all service users. A % increase in the number of people receiving direct payments/individualised budgets each year.

#### c) The development of Personality Disorder services

To provide access to a range of services coordinated to provide a multidisciplinary psycho/social approach for people with a personality disorder within the Mental Health systems.

#### d) The development of a community Eating Disorder service

To develop a comprehensive, equitable community service that reduces the need for extended inpatient admissions.

#### e) The development of a Rehabilitation & Recovery service

To develop a range of socially inclusive services that provide effective treatment, care and support within a care pathway that joins up services seamlessly within the recovery journey which will reduce the number of long term residential/ nursing/out-of-county placements.

## 10. OLDER ADULT MENTAL HEALTH SERVICES

### 10a. Assessment of Need

*Herefordshire population has an older age profile than the West Midlands Region and England and Wales; 20% is 65 years and over compared with 16% regionally and nationally. This pattern is reflected in each of the 3 age groups within this: 65-74 year olds, 75-84 and 85 years and over.*

*The population in older age groups is forecast to increase more rapidly in Herefordshire than nationally, with an increase of 19% forecast for the 65 and over age group by 2011 and an increase of 50% projected from 2004 to 2020. This is particularly evident in the 85 and over age group.*

The overall prevalence of dementia for those aged 65 is estimated to be 7.3% of which most (57%) are estimated to have moderate or severe dementia with a greater need for ongoing social and medical support.

The prevalence rate for dementia increases with age from less than 2% in those aged 65 to 69 to affect around a quarter of people aged 85 or over. There is a gender effect with more women than men with dementia in those aged 75 and over.

*The estimated number of dementia cases in Herefordshire in 2005 is 2,660 people or 14.9 per 1,000 population, which is the highest in the West Midlands South SHA area.*

*The number of people with dementia in need of regular ongoing support (those with moderate to severe dementia needing community support and mild to severe dementia needing institutional care) is estimated to be 1,051 people in 2005, projected to grow to 2,070 by 2015. Incidence rates of dementia rise exponentially with age so due to the numbers entering this group, the rates of increase are very high as shown below*

#### **Estimates of numbers of people aged 65 and over with dementia in Herefordshire 2005 – 2015**

HEREFORDSHIRE	Estimated Number			% change in number	
	2005	2010	2015	2005-2010	2005-2015
Older people with dementia	2,660	3,029	3,450	14%	30%
Older people with dementia in need of regular ongoing support	1,051	1,775	2,070	69%	97%

“Older People needs assessment report. August 2006”. Spinks, M. Herefordshire Council

“ “ *Bannerjee, A. West Midlands South Strategic Health Authority, 2005*

The need for mental health services for older people with dementia will increase considerably over the next five years. Mental Health Services will have to be reconfigured to manage this increase.

## Gaps in Service for older people with mental health problems

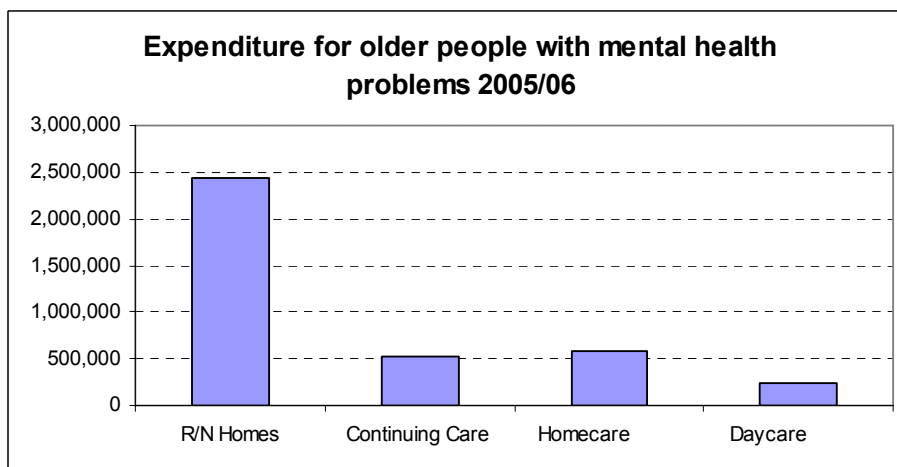
Identified gaps in service;

- Specialist carer support services – including day service provision/respite at home
- 24hr crisis rapid response service
- Home care providers with specialist mental health knowledge
- Mental Health awareness training for statutory/voluntary/independent sector
- Primary care mental health provision/ preventative services
- Telecare
- Dedicated services for younger people with dementia
- Comprehensive mental health promotion service
- Psychological therapies
- Easily accessible information
- Extra care and supported housing
- Use of direct payments and individualised budgets
- Intermediate care services
- Psychiatric liaison in district general/community hospitals
- Specialist inpatient area for older people with functional illness
- Service user/carers communication and consultation

Source: OPMH Strategy Action Plan, NSF older people Standard 7 – Action plan.

### 10.b Current Financial Framework

In 2005/06 expenditure on long term care for older people with mental health problems accounted for 74% of the total community care budget, with only 26% accounting for expenditure on home care, intensive home care and day care. This suggests an imbalance which could be hindering investment in preventative and lower level support services that may delay the need for expensive long term care.



Service	Expenditure
Residential/nursing home placements	£2,433,532
Homecare	£ 591,922
Continuing Care	£ 527,504

### 10c. Anticipated financial framework

2007-08 is the last year in which PCT revenue allocation has been identified by the Department of Health (HSC2005/001) and in which associated development funds for older people with mental health problems are highlighted in the Local Delivery Plan. From 2008-09, resources are unlikely to increase. Herefordshire Council are currently considering a model of service development and investment for the next 4 years based on the report "Future social care needs and services for older people and adults with learning disabilities in Herefordshire" *Source: Herefordshire Council, September 2006.*

Therefore to meet the needs of older people experiencing mental health problems it will be necessary to re-engineer current services. A range of services will be developed which will reduce the need for hospital admissions and delay need for long term care. These services will include more preventative services and an increase in low level support and crisis services to maintain people in their own homes.

### 10d. The health and social care market

Health and social care commission the following services for older adults with mental health problems

<b>Team</b>
<b>Community Services</b>
2 x Community mental health teams
Psychological Therapy Service
<b>Acute inpatient Unit</b>
14x dementia beds on Cantilupe ward; up to 6 older people functional beds on Mortimer ward, Stonebow Unit
<b>NHS Day Hospital</b>
Nan Belville Day Hospital
Memory Clinic
<b>Registered Care Home</b>
Residential/nursing homes – block purchase
residential/nursing homes – spot purchase
Specialist out-of-county placements
Continuing Health Care Placements
<b>Supported Housing</b>
<b>Day Centre/Resource Centre</b>
Alzheimers Society day Care
Lawns Day Care
<b>Mental Health Promotion</b>

## 10e. Future Commissioning Intentions

Services will be commissioned to support the outcomes outlined in Section 2 above. The demography and policy direction will require some changes in the levels and patterns of service; however it will be necessary to meet the most intensive care needs of this disproportionately increasing number of people with mental health problems: preventative and low-level services can delay the progressive deterioration inherent to dementia if provided at the appropriate time. Services will be developed in line with the model in Appendix 4.

The general approach to growing mental health provision should be to offer the great bulk of services (including preventative services) as part of those provided in communities to all groups as detailed in the *Joint Commissioning Plan for Health and Social Care Services for Older People 2007-11*.

This will require the development of specialist skills in the care of older people with both organic and functional mental illness in a larger proportion of staff and wider awareness and basic skills training for all.

Support needs for older people with mental health problems will require a significant increase in health care provision, planned and delivered alongside the proposed improvements in social care as detailed in "*Future social care needs and services for older people and adults with learning disabilities in Herefordshire*", Sept 2006. Martin S.

Across the range of specialist service provision the priority areas are;

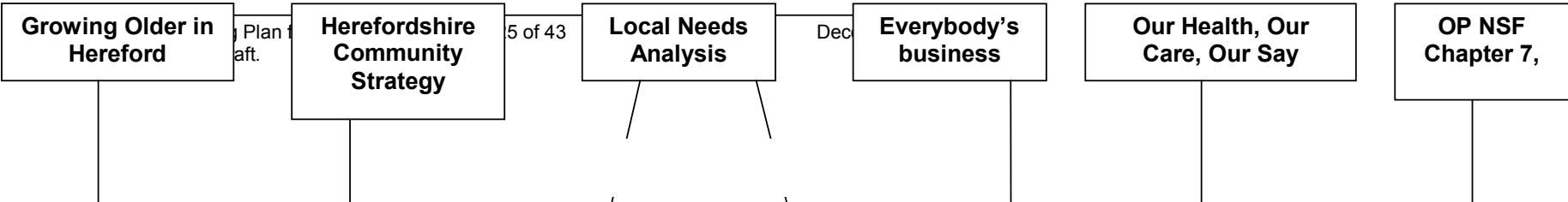
- Promoting Good Mental Health in Older people
- Early detection and diagnosis
- Support for carers
- Providing a specialist mental health service for older people



**SPECIFIC GUIDANCE**

**Older Adults with mental health problems**

**Drivers**



## COMMISSIONING INTENTIONS

<b>Promoting Good Mental Health in Older people</b>	<b>Early detection and diagnosis</b>	<b>Support for carers</b>	<b>Specialist mental health services</b>
<p>Leading Healthy, active and independent lives by;</p> <p>Preventing ill health and promoting well being services, including telecare</p> <p>Improving access to advice and information.</p> <p>Extra Care and supported housing, including supporting people services</p> <p>Health and Mental Health promotion</p> <p>Lifelong learning</p> <p>Community safety schemes</p> <p>Community Support Networks</p>	<p>Mental Health education and training for staff in a range of services</p> <p>Direct payments and individualised budgets</p> <p>Advocacy Services</p> <p>Implement depression and dementia protocols</p>	<p>Comprehensive Support for carers including:</p> <ul style="list-style-type: none"> <li>- Respite options</li> <li>- Day opportunities</li> <li>- Flexible care and support for younger people with dementia</li> <li>- Carer assessments</li> <li>- Support which enables carers to maintain their own health and wellbeing and supports their caring role</li> </ul>	<p>Develop in-patient facilities that provide a full range of services for people with organic and functional illnesses</p> <p>Service for older people with functional illness</p> <p>Services for younger people with dementia.</p> <p>Psychological therapies</p> <p>Community support including;</p> <ul style="list-style-type: none"> <li>- Domiciliary care</li> <li>- Intensive home care</li> <li>- Intermediate care services</li> <li>- 24/7 rapid response team</li> </ul> <p>An increase of:</p> <ul style="list-style-type: none"> <li>- 25 EMI nursing placements</li> <li>- 41 EMI residential placements</li> </ul>

## 7.1 Specific Commissioning Intentions

### 1. PROMOTING GOOD MENTAL HEALTH IN OLDER PEOPLE

#### a) Preventative and well being services, including telecare

A comprehensive range of preventative and well being services will be developed by the wider community, therefore mental health services must work in partnership with a range of organisations to ensure that older people with mental health problems and dementia are able to access these generic services.

#### b) Improved access to advice and information.

To [work with adult services](#) to develop comprehensive, overarching and accessible information available on local services for older people with mental health problems, including an up-to-date service directory.

#### c) Extra Care and supported housing, including supporting people services

An older person's housing plan is currently being developed which will include the future accommodation needs of older people with mental health problems. The commissioners will work with the Supporting People programme to identify areas of joint work.

#### d) Mental Health promotion

To work with the adult mental health service in improving mental health by promoting mental wellbeing

- Mental Health Promotion training for social care (statutory + voluntary) staff etc.
- Contributing to health and media programme to tackle stigma and discrimination.

### 2. EARLY DETECTION AND DIAGNOSIS

#### a) Mental Health education and training for staff in a range of services

Mental health services to provide mental health education and training for staff in a range of services.

#### b) Direct payments and individualised budgets

Direct payments/individualised budgets offered to all service users. A % increase in the number of people receiving direct payments/individualised budgets each year.

#### c) Advocacy Services

To ensure service users have access to independent advocacy to a level and in ways which are sufficient to local need

#### d) Implement depression and dementia protocols

Eligibility criteria and treatment protocols to be implemented within primary, acute and social care.

## 2) **SUPPORT FOR CARERS**

The commissioning intentions are to develop a range of appropriate services to support carers in partnership with adult services and other agencies which may include;

- Respite options
- Day opportunities
- Flexible care and support for younger people with dementia
- Support which enables carers to maintain their own health and wellbeing and supports their caring role

## 3) **SPECIALIST MENTAL HEALTH SERVICES**

In order to meet key NSF targets and to manage the increasingly complex presenting needs of some people with mental health problems necessitates some changes in the levels and patterns of specialist mental health services. The commissioning intentions for specialist mental health services include;

### a) **In-patient units**

Review all in-patient areas to develop a full range of services and facilities for older people with organic and functional illnesses. To consider;

- Separate units for older people with functional and organic illnesses;
- Appropriateness of environments for older people with functional mental health problems
- The availability of occupational therapy and physiotherapy.

### b) **Services for older people with functional illness**

To develop services for older adults with functional illness

### c) **Services for younger people with dementia.**

To develop flexible support and care for a small group of service users and families with high support needs, developing links with head injury, strokes and alcohol services.

### d) **Psychological therapies**

To ensure an equitable countywide service providing a range of interventions.

### e) **Support in the community**

The projected increase in older people supported at home will require growth in the provision of domiciliary care. Adult services will develop a strategy to achieve this increase. Generic providers should be able to meet most support needs of older people with mental health problems but a 24/7 rapid response team will be developed to meet the needs of older people undergoing a crisis within the community. Intermediate care services and an increase in the use of intensive home care as an alternative to residential care will also be explored.

### f) **Care Homes**

The projected increase in older people and the current levels of EMI care home places means that, despite increasing support to allow people to remain in their own homes for longer, an increased need for care home places is anticipated. A strategy will be developed in consultation with providers and adult services to achieve an increase in the number of EMI residential and nursing home places

within Herefordshire as identified within the "Future social care needs and services for older people and adults with learning disabilities in Herefordshire," Sept 2006. Martin S.

### Underpinning financial assumptions

The strategy is provisional upon the council confirming the recommendations of the Needs Assessment and Costed Options paper under consideration by officers and councillors.

The strategy assumes that some of the development money for older people with mental health problems in 2007-08 identified in the 2005-08 Local Development Plan will be available for targeted specific investments and that after that financial settlements will require a no-growth budget with regard to PCT services.

	<b>PCT financial implication</b>	<b>Council financial implication</b>
Prevention/wellbeing services	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
Extra care and Supported housing	-	To be identified within the Housing Plan for Older People
Support for Carers	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
In-patient units	Within existing budgets – re-engineer current services	-
Services for older people with functional illness	Within existing budgets	
Services for younger people with dementia		
Support in the community	PCT would anticipate supporting the council's support of people in their own homes through some increased investment	Strategic response dependent upon approval of financial model in Needs assessment and costed options.
Care Home increase 2007-11	Identified within Joint Commissioning Plan for Older people 2007-11	Strategic response dependent upon approval of financial model in Needs assessment and costed options.

## A Future Vision for People with mental health problems

### *The Vision*

***The population of Herefordshire should be able to benefit from opportunities for positive mental health well-being, which includes involvement with the community, friends and family; meaningful activities and occupation; active learning and leisure and having good health care, housing and financial security.***

People with significant health problems should have access to the same opportunities that promote mental well-being but they should also have access specialist services which provide for their individual needs and preferences and promoting their recovery.

Specialist mental health services should:

- Put service users at the heart of services, improving involvement, choice and control in using services.
- Be able to demonstrate they provide effective outcomes for service users.
- Promote recovery from the impact of mental health problems
- Be accessible and acceptable to all members of the community.
- Enable people with mental health problems to take up the life chances and opportunities available to others in their communities.
- Support carers as partners in care.

Local community services should:

- Ensure their services are tailored to meet the needs of people with mental health problems
- Welcome and support people with mental health problems as citizens who are entitled to benefit from what's on offer.
- Tackle stigma and should encourage and enable inclusion in ordinary life chances and opportunities.

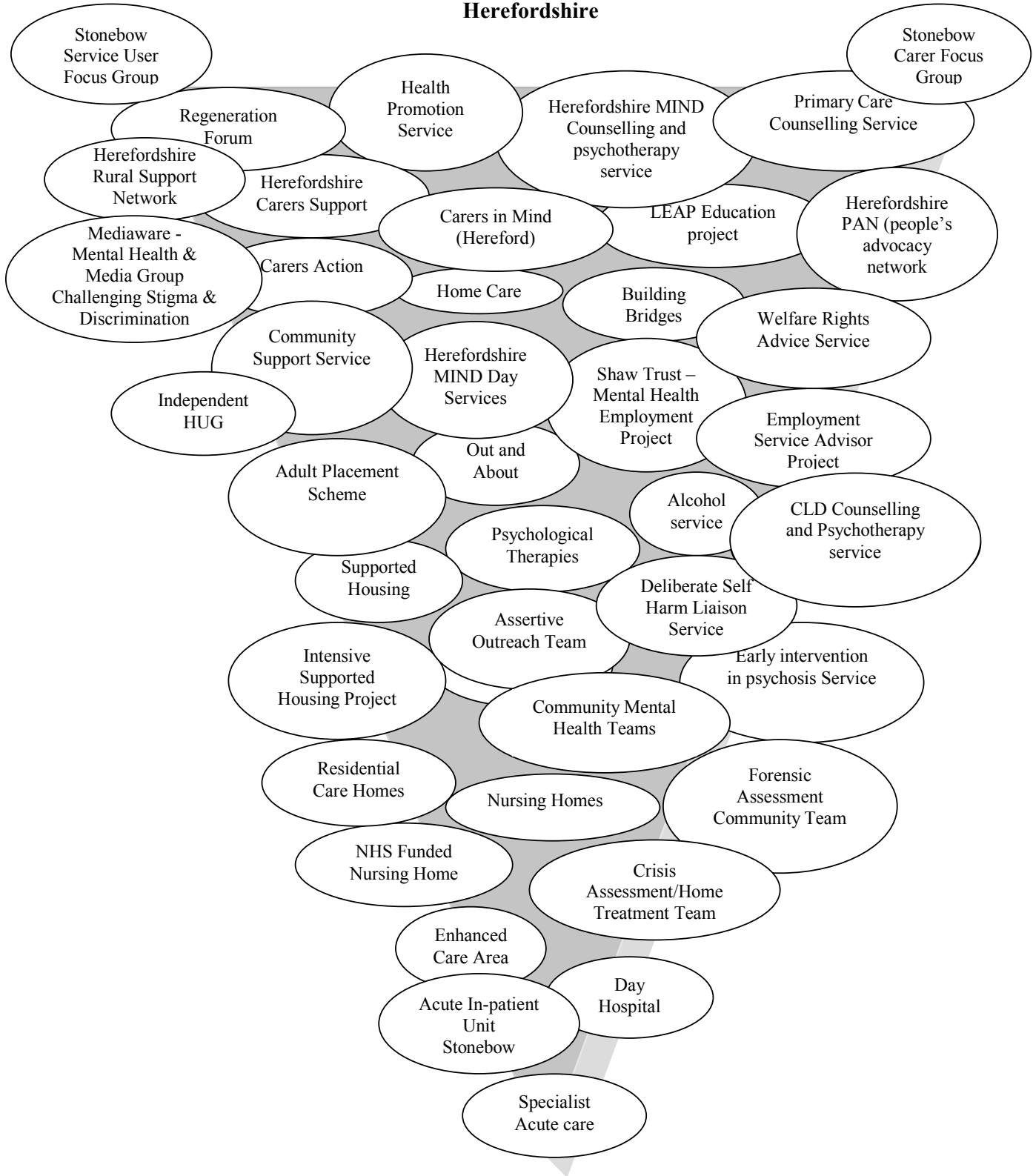
Services need to work seamlessly across agencies. A wider range of providers will be encouraged to engage in order to provide choice and appropriate services.

There will be a focus on commissioning to evidence-based models and ensuring services demonstrate outcomes for users of the service. Services will be commissioned which actively and creatively reflect the diverse needs of the local community.

Value for money is important to ensure that the best use is made of the limited resources available and this will be a significant consideration.

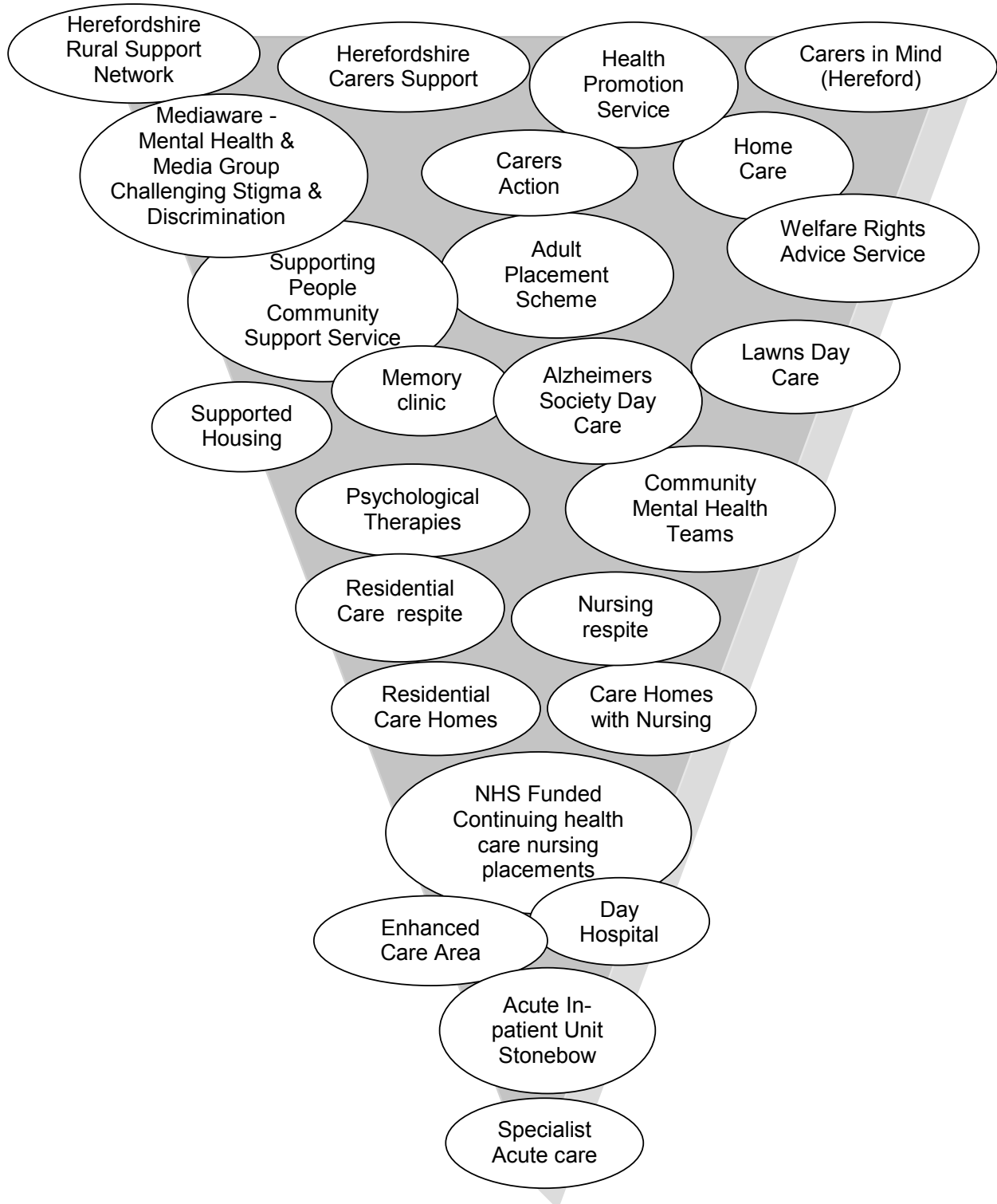
**APPENDIX 2a**

**Services currently available to adults aged 18-64 with mental health problems in Herefordshire**



## Appendix 2b

### Services currently available to older people with mental health problems in Herefordshire





## POSITION STATEMENT

## ADULTS WITH MENTAL HEALTH PROBLEMS

## Prevention/Wider Community (Social Inclusion)

	Current Position	Future Requirements	Outcomes
Community Development Workers (CDW)	Number of CDW – 0	<ul style="list-style-type: none"> <li>•CDW – up to 1.5wte</li> <li>•To review the health needs of minority &amp; new economic migrant communities in partnership with public health.</li> <li>•Invest according to need</li> </ul>	Improved access to services
Mental Health Promotion	Development of combined Strategy & Action Plan in conjunction with suicide prevention	To improve mental health by promoting mental wellbeing continuing to challenge stigma & discrimination. Comprehensive training availability	Stay healthy
Suicide Prevention	<ul style="list-style-type: none"> <li>• Local suicide strategy developed</li> <li>• Annual suicide audits completed</li> </ul>	<ul style="list-style-type: none"> <li>• Local suicide rate to be reduced by one fifth by 2010</li> <li>• Local suicide strategy in place with good systems for measuring its impact and effectiveness including audit</li> </ul>	Stay healthy
Day Services	<ul style="list-style-type: none"> <li>• Contract with Herefordshire MIND to provide day services within Herefordshire.</li> </ul>	<ul style="list-style-type: none"> <li>•Community resources with improved access to mainstream opportunities that promote social inclusion</li> </ul>	Promote Social inclusion
Employment	<ul style="list-style-type: none"> <li>•Contract with Shaw Trust – To provide support to employers/ support for training and work experience</li> <li>•All-set consortium</li> <li>•Generic employment services</li> </ul>	<ul style="list-style-type: none"> <li>•A range of services and support to enable people with severe mental health problems to access paid employment, mainstream education/training or integrated voluntary work in the local community.</li> </ul>	Increased economic wellbeing through education, employment and benefit take up
Access to information and advice	<ul style="list-style-type: none"> <li>•No standardised information regarding services available.</li> </ul>	<ul style="list-style-type: none"> <li>•Comprehensive and accessible information available on local services, diagnoses and treatments.</li> </ul>	Keep control and choice
Housing / Supporting People	<ul style="list-style-type: none"> <li>•Limited housing options available</li> <li>•Over reliance on care homes and OOC placements.</li> <li>•SP funded floating support.</li> </ul>	<ul style="list-style-type: none"> <li>•An adequate range, number and quality of housing and support options to enable service users to remain in their own homes/in the community wherever possible</li> </ul>	Enjoy independence

	<b>Current Position</b>	<b>Future Requirements</b>	<b>Outcomes</b>
Advocacy	<ul style="list-style-type: none"> <li>• Herefordshire MIND provides an advocacy service for people aged 18-65.</li> </ul>	<ul style="list-style-type: none"> <li>• Service users have access to independent advocacy to a level and in ways which are sufficient to local need</li> </ul>	Keep control and choice
Service User/ Carer involvement	<ul style="list-style-type: none"> <li>• Service users and carers consulted during the development of the commissioning plan.</li> <li>• Several service user/carer groups inform current planning and service development</li> </ul>	<ul style="list-style-type: none"> <li>• Service users and carers involved in the implementation of the commissioning plan.</li> <li>• Service users and carers routinely involved in the planning, development and monitoring of mental health services</li> </ul>	Service users and carers influence the provision of mental health services

### PRIMARY CARE

	<b>Current Position</b>	<b>Future Requirements</b>	<b>Outcomes</b>
Integrated working between primary care and all other health and social care services	<ul style="list-style-type: none"> <li>• No formal eligibility criteria for access into secondary services</li> <li>• Treatment protocols not implemented</li> <li>• Transitional protocols in place but need updating</li> </ul>	<ul style="list-style-type: none"> <li>• Seamless services between primary care and social care/secondary care services (CAMHS, Adult mental health services, older adult mental health services) irrespective of age</li> </ul>	Access to appropriate services
	<ul style="list-style-type: none"> <li>• No graduate workers in post</li> </ul>	<ul style="list-style-type: none"> <li>• Up to three graduate workers required.</li> </ul>	
Early Intervention in Psychosis (EI)	<ul style="list-style-type: none"> <li>• EI – 1 whole time equivalent (wte)</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive Early Intervention service to include 3 wte early intervention workers</li> </ul>	Access to appropriate services
Primary care counselling services	<ul style="list-style-type: none"> <li>• Services provided by Herefordshire MIND and CLD within the voluntary sector with a range of funding streams.</li> <li>• Primary care counsellors attached to some G.P practices.</li> </ul>	<ul style="list-style-type: none"> <li>• A range of counselling services provided that is equitable throughout Herefordshire.</li> </ul>	Access to appropriate services.

Computerised Cognitive Behavioural Therapy (CCBT)	•No CCBT available in Herefordshire	•Equitable access to appropriate psychological therapy	Access to appropriate services
Mental Health Promotion Ref: CSIP project etc.	•Primary Care Mental Health Promotion toolkit etc. Planned pilot programme	•Rollout availability to all Primary Care Settings	Access to appropriate services. Referral options broadened

### SPECIALIST MENTAL HEALTH SERVICES

	Current Position	Future Requirements	Outcomes
Improve the access for people into Acute Services	•Crisis Resolution and home treatment team – 24/7 for crisis, not 24/7 for countywide home treatment.	<ul style="list-style-type: none"> <li>•CRHT – 24/7 crisis resolution and home treatment team countywide – that gate-keeps all referrals into acute services</li> <li>•Reduced admission rates and length of stay for service users admitted into the in-patient unit.</li> </ul>	Access to appropriate services
	<ul style="list-style-type: none"> <li>▪No integration of current services</li> <li>▪Self harm service not integrated within the crisis service</li> </ul>	<ul style="list-style-type: none"> <li>▪An integrated acute service with clear pathways and eligibility criteria, into and out of the service.</li> </ul>	
Crisis/Safe House	•No crisis/safe house available	•Access to a crisis/safe house where appropriate	Access to appropriate services
Assertive Outreach Teams	AO – not full fidelity for whole service currently 31 service users	AO – full service for 54 service users	Access to appropriate services
STaRs workers	StR – 4/5 wte StR workers have not received recognised training	StR – 9 wte StR workers working within all parts of mental health services who have received recognised training.	Access to appropriate services
Develop the rehabilitation/ recovery service	No comprehensive formal rehabilitation service. Certain components of a rehab service but not formally linked. Each component has its own competing clinical demands.	<p>A range of socially inclusive services that provide effective treatment, care and support with a care pathway that joins up services seamlessly within the recovery journey</p> <ul style="list-style-type: none"> <li>• Reduction in the number of long term residential/nursing placements</li> <li>• Reduction in the number of out-of-county placements</li> </ul>	Enjoy independence

	<b>Current Position</b>	<b>Future Requirements</b>	<b>Outcomes</b>
Promote the uptake of direct payments and individualised budgets	No service users receiving direct payments	<ul style="list-style-type: none"> <li>• Direct payments/ individualised budgets offered to all service users.</li> <li>• A % annual increase in people receiving direct payments/ individualised budgets</li> </ul>	Keep control and choice
Easy access for service users/ carers into specialist MH services	<ul style="list-style-type: none"> <li>▪ Full booking – 24hr response for all new referrals.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Single point of contact</li> <li>▪ Clear care pathways between all elements of mental health services</li> </ul>	Access to appropriate services
Development of Personality Disorder Services	<ul style="list-style-type: none"> <li>• No dedicated community service</li> <li>• In-patient services – spot-purchased in out-of-county placements</li> </ul>	<ul style="list-style-type: none"> <li>• A range of services coordinated to provide a multidisciplinary psycho/social approach for people with a personality disorder within the Mental Health systems.</li> </ul>	Access to appropriate services
Development of a community eating disorder service	<ul style="list-style-type: none"> <li>• Part time Co-ordinator to develop service</li> <li>• Community service provided from within CMHT's.</li> <li>• No equity of service across the county</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive, equitable community service</li> <li>• Reduction in the number of people admitted into in-patient units.</li> </ul>	Access to appropriate services
Therapeutic interventions	<ul style="list-style-type: none"> <li>• Psychology services part of CMHT</li> <li>• Services within each CMHT differ both in volume and interventions available.</li> </ul>	An equitable countywide service providing a range of interventions.	Access to appropriate services
Improve the support provided to carers	<ul style="list-style-type: none"> <li>• Limited services available.</li> <li>• Carers assessments not performed/ recorded</li> <li>• No training for carers available</li> </ul>	Carers assessments performed routinely Comprehensive support provided to carers	Enjoy independence

## POSITION STATEMENT

## OLDER ADULTS WITH MENTAL HEALTH PROBLEMS

## Promoting good mental health in older people

	Current Position	Future Requirements	Outcomes
Preventing ill health and promoting well being services, including telecare	Little access to health and promoting well being services for older people with mental health problems	<ul style="list-style-type: none"> <li>•Comprehensive range of preventative and well being services developed by the wider community</li> </ul>	Enjoy independence
Improved access to advice and information		<ul style="list-style-type: none"> <li>•Accessible information available on local services</li> </ul>	Keep control and choice
Extra Care/ supported housing/ supporting people		<ul style="list-style-type: none"> <li>• An adequate range of housing and support options as identified within the Housing Plan for Older People</li> </ul>	Enjoy independence
Health and mental health promotion	<ul style="list-style-type: none"> <li>• Little access to health promotion for older people - guidance &amp; programme development</li> </ul>	<ul style="list-style-type: none"> <li>•To improve health/mental health by promoting mental/physical wellbeing</li> <li>•Access to comprehensive mental health promotion training</li> </ul>	Stay healthy
Lifelong learning	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•Community resources with improved access to mainstream opportunities that promote social inclusion</li> </ul>	Retain Community contacts and roles
Community Safety schemes	<ul style="list-style-type: none"> <li>• Safety – ref: alarm system Herefordshire Council</li> </ul>	<ul style="list-style-type: none"> <li>• Developed by the wider community</li> </ul>	Enjoy independence
Advocacy	<ul style="list-style-type: none"> <li>•No dedicated advocacy services for people over 65</li> </ul>	<ul style="list-style-type: none"> <li>•Service users have access to independent advocacy to a level and in ways which are sufficient to local need</li> </ul>	Keep control and choice

### Early Detection and Diagnosis

	Current Position	Future Requirements	Outcomes
Mental Health education and training for staff in a range of services	<ul style="list-style-type: none"> <li>•DMHOP Staff provide education and training for staff in a range of services</li> </ul>	<ul style="list-style-type: none"> <li>•To extend the education and training to a wider range of staff.</li> </ul>	Experience joined up care
Direct payments and individualised budgets	Few service users receiving direct payments	<ul style="list-style-type: none"> <li>•Direct payments/ individualised budgets offered to all service users.</li> <li>•A % annual increase in people receiving direct payments/ individualised budgets</li> </ul>	Keep control and choice
Implementation of depression and dementia protocols	<ul style="list-style-type: none"> <li>•Eligibility criteria for access into secondary services not implemented</li> <li>•Treatment protocols not implemented</li> <li>•Transitional protocols in place but need updating</li> </ul>	<ul style="list-style-type: none"> <li>•Seamless services between primary care and social care/secondary care services irrespective of age</li> </ul>	Experience joined up care

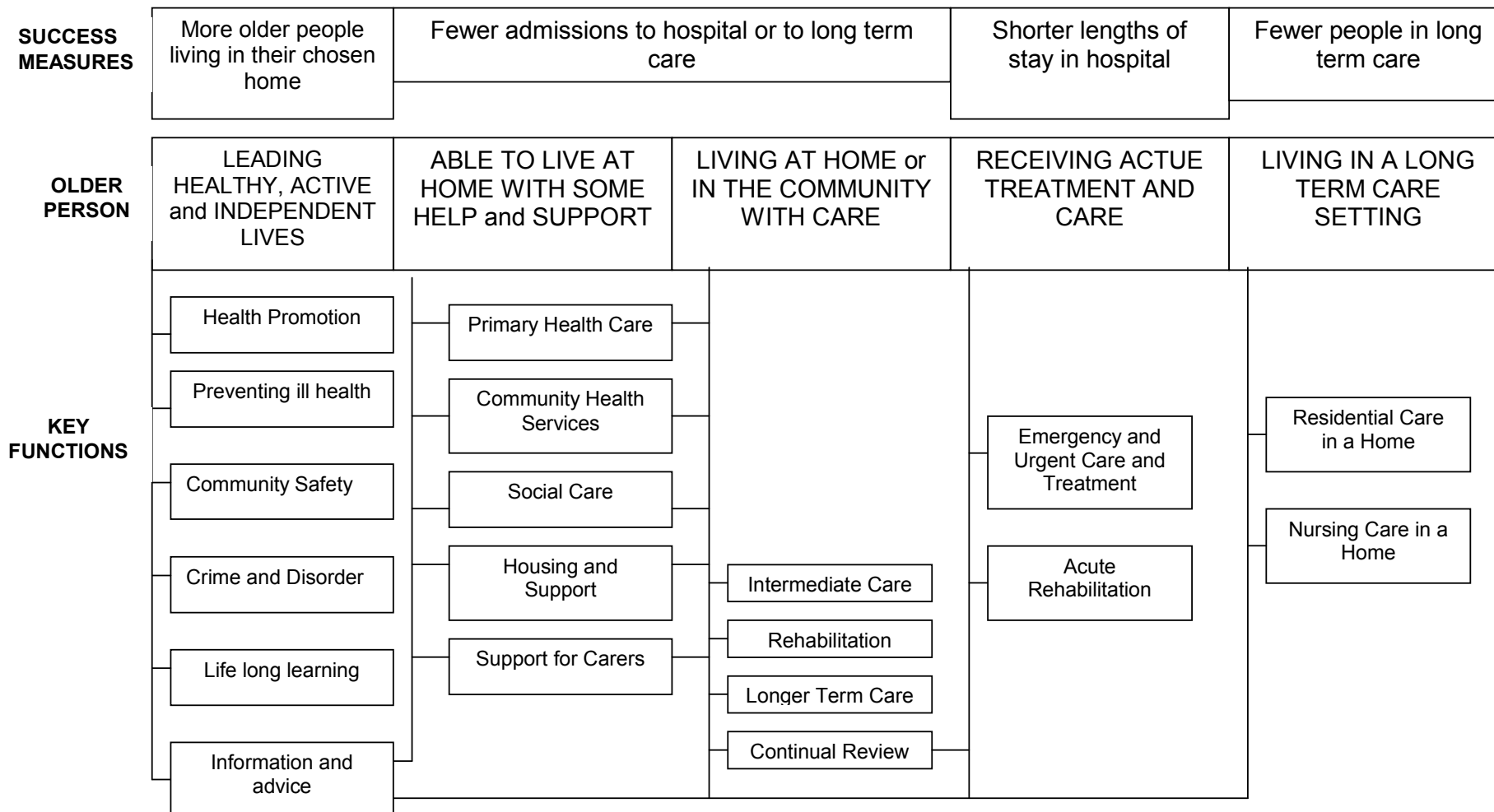
### Support for Carers

	Current Position	Future Requirements	Outcomes
Comprehensive support for carers	<ul style="list-style-type: none"> <li>• . Limited services available.</li> <li>• Carers assessments not performed/ recorded</li> <li>•No training for carers available</li> </ul>	<ul style="list-style-type: none"> <li>•Comprehensive support provided to carers including routine carers assessments</li> </ul>	Enjoy independence

## Specialist mental health services

	<b>Current Position</b>	<b>Future Requirements</b>	<b>Outcomes</b>
Develop in-patient facilities that provide a full range of services for people with organic and functional illnesses	<ul style="list-style-type: none"> <li>•No separate units for people with functional and organic illnesses</li> </ul>	<ul style="list-style-type: none"> <li>•Separate units for people with functional and organic illnesses</li> <li>•Appropriate environments for older people with functional illness</li> </ul>	<p>Access to appropriate services</p> <p>Stay healthy</p>
Services for older people with functional illness	<ul style="list-style-type: none"> <li>•No age appropriate dedicated services for older people with functional MH illness</li> </ul>	<ul style="list-style-type: none"> <li>•Comprehensive services available for older people with functional MH illness</li> </ul>	<p>Access to appropriate services</p>
Services for younger people with dementia	<ul style="list-style-type: none"> <li>•No appropriate services for younger people with dementia</li> </ul>	<ul style="list-style-type: none"> <li>•Comprehensive services available for younger people with dementia</li> </ul>	<p>Access to appropriate services</p>
Psychological therapies	<ul style="list-style-type: none"> <li>•Limited psychology services available</li> </ul>	<ul style="list-style-type: none"> <li>•An equitable countywide service providing a range of interventions.</li> </ul>	<p>Access to appropriate services</p>
Community support	A limited range of community services	<ul style="list-style-type: none"> <li>•A range of flexible care and support services available in the community</li> </ul>	<p>Keep control and choice</p>
An increase in the number of care home beds		<ul style="list-style-type: none"> <li>•Appropriate care home provision</li> </ul>	<p>Access to appropriate services</p>

**APPENDIX 4**





**NATIONAL (& REGIONAL) DRIVERS:**

There are a number of policy/framework guidance documents which inform the commissioning of services for people with mental health problems. These include:

<b>Policy/Framework</b>	<b>Implications</b>
National Service Framework for Mental Health (2000)	Five key themes: – MH Promotion, Primary Care, Effective Services, Caring about Carers, Preventing Suicide.
NHS Plan (July 2000)	Modernising NHS services
NHS Improvement Plan (June 2004)	Further modernisation of the NHS – putting people at the heart of public services
Creating a patient led NHS: Delivering the NHS improvement plan	
1999 Health Act flexibilities	Using budgets flexibly to provide services
Choosing Health: Making healthier choices easier (public health white paper)	Mental Health /Health Promotion education and information
National Standards, Local Action	
Direct payments	Promoting independence
Supporting People	Developing the range of accommodation options
National Service Framework for Mental Health – 5 years on	
The journey to recovery;	The Government's vision for mental health care
10 High impact changes for mental health services (June 2006)	Improve quality of care and efficiency of services
Mental Health and Social exclusion	
Our Health, Our Care, Our Say – Health and Social Care white paper	Aims to make services as flexible as possible.
Independence, Well-being and Choice –Green Paper (March 2005)	Sets out the Government's vision for the future of social care for adults.
Dual Diagnosis:MH policy implementation good practice guide.	
Everybody's Business	Integrated Mental health services for older people
West Midlands Charter for Mental Health & Well-being	Sets out how individuals, communities & organisations can benefit from & contribute to Mental Health Promotion
Making it Possible – improving Mental Health & Well-Being in England	The priority areas for action to promote mental health – reflected in West Midlands Charter above.

The Carers Recognition & Services Act 1995	
The Carers and Disabled Children Act 2000	
Carers (Equal Opportunities) Act 2004	

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**LOCAL DRIVERS FOR CHANGE:**

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There are a number of policy/framework guidance documents and priorities which inform the commissioning of services for people with mental health problems. These include:

<b>Local Drivers for change</b>
<ul style="list-style-type: none"> <li>• Financial balance</li> </ul>
<ul style="list-style-type: none"> <li>• Increasing usage of long-term residential/nursing home placements</li> </ul>
<ul style="list-style-type: none"> <li>• Continued usage of out-of-county placements</li> </ul>
<ul style="list-style-type: none"> <li>• Herefordshire Community Strategy</li> </ul>
<ul style="list-style-type: none"> <li>• Herefordshire Primary Care Trust, Local Delivery Plan</li> </ul>
<ul style="list-style-type: none"> <li>• Local Area Agreement and Local Public Service Agreement</li> </ul>
<ul style="list-style-type: none"> <li>• Herefordshire Health and Social Care Funding and Procurement Code of Good Practice</li> </ul>
<ul style="list-style-type: none"> <li>• Herefordshire Adult Mental Health Strategy – October 2000</li> </ul>
<ul style="list-style-type: none"> <li>• Report of a Service Evaluation of Help to Gain and Retain Work for People Using Herefordshire Mental Health Services by Occupational Therapists</li> </ul>
<ul style="list-style-type: none"> <li>• Joint Commissioning Plan for Health and Social Care Services for older people 2007/2011</li> </ul>
<ul style="list-style-type: none"> <li>• Joint Commissioning Plan for Carers Services 2007-2011</li> </ul>

- Involvement Strategy 2004

- Mental Health Promotion & Suicide Prevention Combined Strategy 2007 – 11  
(under development)