

**COMMISSIONING STRATEGY
FOR
PEOPLE WITH MENTAL HEALTH PROBLEMS
2004 -2007**

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SECTION A – INTRODUCTORY COMMENTS

1. Outline of the process for the development of the commissioning strategy

- 1.1** The Mental Health Local Implementation Team (LIT) is the key group for the development and monitoring strategies for people with mental health problems and their carers. This group will oversee the implementation of the Commissioning Strategy, and will be instrumental in influencing planned amendments which will be required as more, improved information about needs becomes available. The LIT is responsible for the implementation of the National Service Framework (NSF) for Mental Health, and through its individual members and sub groups, has been instrumental in the development of services and working to standards outlined in the NSF. This work provides a firm foundation for the Commissioning Strategy.
- 1.2** The Commissioning Strategy also draws on a review and analysis of the present trends in terms of:
- Legislation
 - Needs, supply and resource allocation
 - Organisational arrangements for commissioning
- 1.3** The development of a shared vision for the support and delivery of services to people with a learning disability, and identification of the principles that will underpin the objectives and plans for commissioning current and potential services.
- 1.4** An analysis of the difference between current service commissioning and the commissioning required to achieve the desired outcomes for service users. This provides the foundation for the commissioning objectives and plans with measurable outcomes for services
- 1.5** Checking that the organisational arrangements are in place to deliver the commissioning objectives and plans, and are capable of effective monitoring and feedback for future planning

2. The Commissioning Strategy Document

- 2.1** There are three elements of the document, with different levels of detail:
The main document pages 4-42
Executive summary pages 43-47
Appendices – “1”, “2” and “3”
- 2.2** The commissioning strategy covers a 3 year period (2004-2007), and will be reviewed annually. Updates will be issued as short documents, in newsletters and briefings for the LIT.
- 2.3** The Commissioning Strategy should be seen as a working document, to guide and support future work. It aims to provide specific targets, measurable outcomes and dates for achievement, based on analysis of available information about needs and local and national policy.

- 2.4** The Commissioning Strategy also contains targets designed to improve the Commissioning process itself. This is in recognition of the need to improve information about needs, use of contracting and care management processes and managing the market effectively to improve both the range and quality of service provision

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1. FOREWORD

Commissioning is the process which local authorities and primary care trusts use to obtain the best services possible for local people.

It is primarily about enhancing the quality of life of service users and carers by;

- *Having the vision and commitment to improve services*
- *Connecting with the needs and aspirations of service users and carers*
- *Making the best use of all available resources*
- *Understanding demand and supply*
- *Linking financial and service planning*
- *Making relationships and working in partnership*

(from “Making Ends Meet” www.joint-reviews.gov.uk)

Current information about the local population and about national prevalence of mental health problems tells us that there are likely to be 27,474 adults with a mental health problem living in the area served by West Berkshire Council at any one time.

This Commissioning Strategy is intended to provide the framework for the future development of Mental Health Services for people within this group who require support from social care and health organisations for the next three years.

It will be reviewed and updated annually, with the multi-agency Local Implementation Team (LIT) taking lead responsibility for monitoring, implementing and reviewing the strategy.

The LIT has achieved effective service user and carer involvement, and significant improvement in services in recent years. It is an excellent example of a multi-agency group, well placed to take this work forward.

The strategy has been developed in partnership with health and housing, and draws heavily on existing strategies and plans – building on national strategy in a way that makes sense locally. Service User and Carer involvement has been crucial in the success of this work – and will continue to be central to the further development and implementation of the commissioning strategy..

Effective partnership working is central to the successful implementation of this strategy, if we are to achieve its main aim of guiding the provision of good quality services which accurately match the needs of individuals, and are cost effective in terms of positive outcomes and value for money.

The strategy will be subject to a formal process for review and updating, through the LIT, but comments and suggestions are welcome at any time.

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2. PREFACE

The Commissioning Strategy is based on central government advice and guidance, strategic priorities of local social care and health organisations, as well understanding of local need and views of service users and carers.

The key reference documents are listed below.

* *Take Your Choice – a commissioning framework for community care (1997) Audit Commission*

* *Modernising Social Services – promoting independence, improving protection, raising standards (November 1998) Department of Health*

* *That's the Way the Money Goes – inspection of commissioning arrangements for community care services (July 1999) Social Services Inspectorate*

* *National Service Framework for Mental Health (1999) Department of Health*

* *Valuing People – a new strategy for learning disability for the 21st Century Government White Paper (www.dh.gov.uk)*

* *Direct Choices – Department of Health (www.dh.gov.uk)*

* *Making Ends Meet – Joint Review good practice guidance 2004 (www.joint-reviews.gov.uk)*

* *Improvement, Expansion & Reform: The Next Three Years. Priorities and Planning Framework 2003/06 Department of Health*

* *National Standards, Local Action. Health and Social Care Standards and Planning Framework 2005/06-2007/08 (July 2004) Department of Health*

Aims of the commissioning strategy

- *To ensure a planned approach to commissioning, making use of information about supply, demand and resources*
- *To ensure that commissioning is based around the needs of our service users, and addresses any gaps in provision*
- *To provide a clear long-term direction for commissioning services, in conjunction with major partners*
- *To ensure that commissioning is based on evidence about effectiveness and outcomes for service users*
- *To enable more open relationship with providers to develop*
- *To identify gaps in our information systems and improve on them*
- *To provide value for money*

Involvement and consultation

- *The commissioning strategy has been developed in consultation with key stakeholders, and through the use of existing strategies which have been produced in partnership with service user and carer representatives.*
- *Stakeholders will be involved in reviewing and updating the strategy through a formal process led by the LIT.*
- *The commissioning strategy aims to increase participation and stakeholder involvement in debates on future needs and services.*

3. INTRODUCTION

The purpose of the Commissioning Strategy is to provide a framework for decisions about service provision for people with mental health problems for the next three years. Partnership working is central to our approach in West Berkshire, as we believe that it secures the best outcomes for service users, through the most cost-efficient use of resources;

West Berkshire Council has an integrated Community Care and Housing Directorate, enabling strong links between Housing Strategy, Housing Operations, Supporting People, and Community Care;

The Head of Service for Community Care and Housing, and Head of Older People's Services are both Directors with Newbury and Community Primary Care Trust;

The Locality Manager for Mental Health Services and the CMHT Team Manager both have joint health and social care responsibilities;

We have been able to establish increasingly strong Service User and Carer involvement in service development and planning, and we are able to utilise a number of partnership groups to progress our work to improve services:

The Local Implementation Team

The West Berkshire Mental Health Sub-Group – responsible to the West Berkshire Partnership Board

The West Berkshire Strategic Commissioning Group
(See appendices for further information)

Partnership working with service users and carers is also of critical importance - the foundation provided by strong partnerships enables us to ensure that our commissioning is developed and implemented in an integrated way, and is enhanced and enriched by the healthy challenge resulting from the involvement of a diverse range of stakeholders.

Despite the fact that mental health problems are very common, there is still a major problem with discrimination and stigma, which significantly affects the lives of people with mental health problems and their families. This commissioning strategy aims to provide a framework, not just for specialist service provision, but also to address basic needs, shared by all of us, for good housing, work and relationships: promoting opportunities for people to live fulfilling lives enables them to make a positive contribution to our communities.

4. PROFILE OF COMMISSIONING

4.1 Population data

The total current West Berkshire population is 143,965.

90,484 people are aged 18 -64, and 19,414 are over 65.

These figures are based on 2002 mid-year estimates from the Office of National Statistics (ONS).

The generally accepted prevalence rate for mental health problems is based on a survey (Goldberg, D and Huxley "Common Mental Disorders" Routledge 1982) which states that 1 in 4 people will have mental health problems at any given time. (Source: www.mind.org.uk)

This would suggest that 27,474 West Berkshire adults aged 18 and over have a mental health problem at any one time, ranging from mixed anxiety and depression through to schizophrenia and obsessive compulsive disorder (OCD).

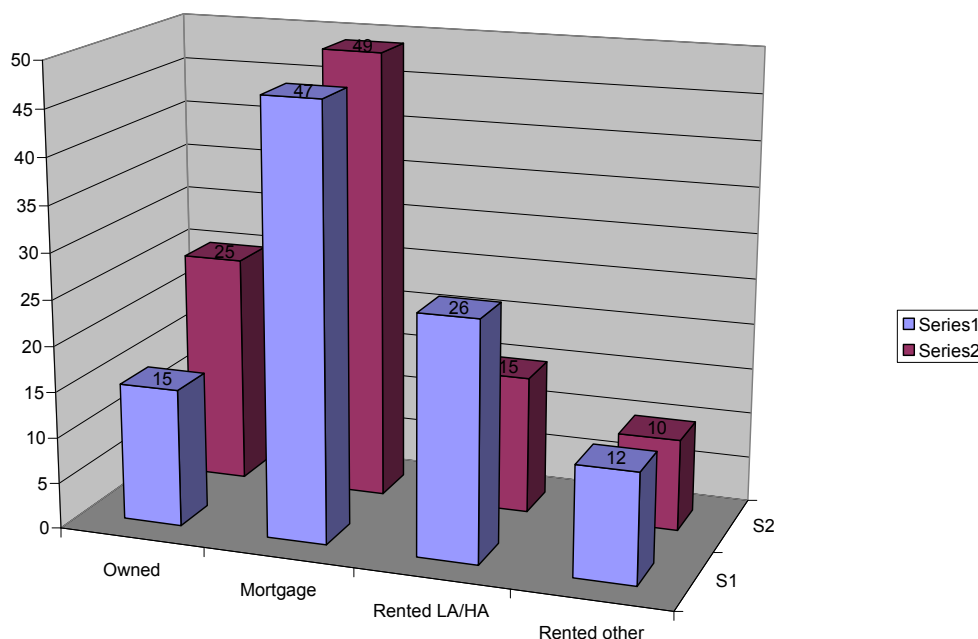
If we extrapolate this down to the West Berkshire population aged 18 and over based on mid-year estimates 2002, it would suggest that there are currently 18,316 adults with mental health problems

Prevalence of specific mental health problems is taken from Office of National Statistics (ONS) 2000 Psychiatric morbidity among adults. The following table estimates the number of West Berkshire residents having a particular mental health problem at any one time based on 2002 mid-year population estimates

Mental Health Problem	Prevalence rate	Equivalent West Berks residents (18+) 2001
Anxiety	4.7%	5,165
Depression	10%	10,990
Phobias	1.9%	2,088
OCD	1.2%	1,319
Schizophrenia	0.3%	330

Manic depressive illness has a lifetime prevalence rate of 1%, meaning that 1,439 West Berkshire residents will experience this at some point in their life.

The chart below shows the housing type of people with a mental health problem. The front column (series 1) represents numbers of people with a mental health problem, while the far column (series 2) shows numbers of people with no mental health problem.



The chart clearly shows that people with a mental health problem are more likely to rent their home from a Local Authority or Housing Association and less likely to own their home outright.

4.2 Ethnicity

West Berkshire has a relatively small number of people from minority ethnic backgrounds, at 2.6% of the whole population (all age groups)

Of the 551 people (adults and older people) receiving a service from West Berkshire Council as at 31st March, the ethnicity breakdown by number and percentage of people receiving services is as follows:

White British	= 511 (93%)
White Irish	= 11 (2%)
Other white	= 5 (0.9%)
Mixed white/Caribbean	=1
Mixed white/black African	=1
Other mixed background	=1
Asian/Asian British Indian	=1
Asian/Asian British Bangladeshi	=1
Other Asian background	=5
Black/Black British Caribbean	=1
Not stated	=13 (2.4%)

4.3 Learning Disability

The Foundation for People with Learning Disabilities quote that 25-40% of people with a learning disability also have mental health problems. This would equate to between 1,031 and 1,651 of the group of 4,127 people with a learning disability in West Berkshire also having a mental health problem.

Valuing People, the White Paper on Learning Disability, estimates that 21.6% of people with a learning disability have dementia, against 5.7% of the general population, and 3% of people with a learning disability have schizophrenia, compared with 1% of the general population.

4.4 Physical Health

People with mental health problems may be at increased risk of physical health problems for a number of reasons; some mental health problems mean that people have reduced motivation to look after themselves in terms of diet and exercise, or lack opportunities to do this. In addition, some treatments require careful monitoring and may pose risks if this is not undertaken. A large number of people with severe and enduring mental health problems smoke, and are therefore at risk of smoking related health problems.

There is good evidence to suggest that diet and exercise can have a significant benefit in terms of mental health, and this is incorporated within the self help resource development for Primary Care described in section 9.1. However, further work needs to be undertaken to maximise physical health of people with more enduring problems and will be addressed within the commissioning plan.

4.5 Employment

People with mental health problems have the highest rate of unemployment amongst people with disabilities.¹ Only around 13% of people with mental health problems are in employment, compared with around 33% of people with other long-term health problems. (Sly, F. Duxberry R. and Tillsley, C (1995) Disability in the Labour Market: Findings from the Labour Force Survey)

4.6 Access to services

West Berkshire covers over half the total geographical area of the county of Berkshire, covering scattered rural communities and its urban centre in Newbury, as well as the two smaller towns of Thatcham and Hungerford. There is an inconsistent picture of relative wealth and deprivation across the district.

Within the overall population profile however, people with mental health difficulties consistently have higher levels of income and employment deprivation.

Crucially however, against an overall picture of comparative 'wealth', within the DETR 2000 Indices of Deprivation statistics, ten out of the 31 wards of West Berkshire have been identified as within the 20% most deprived in the country with regard to geographical access to services. The indicators measure access to post office, food shops, GP surgeries and primary schools. It does not cover access to specialist services such as mental health services, where the lack of access is equivalent, if not worse.

The availability of public transport is such that, without access to private transport, much of the population of West Berkshire would be effectively isolated from the services that may be available to them, but which are based in the urban centre of Newbury.

4.7 The local market

West Berkshire shares in the overall affluence of the South East. It is home to a number of well-known national and international companies. A strong industrial base, characterised by new technology industries with a strong service sector and some manufacturing and wholesale organisations, combine to give West Berkshire one of the lowest unemployment rates in the country at less than 1%.

As stated previously, West Berkshire covers more than half the total area of Berkshire and its population is by far the most scattered of all the unitary authorities in Berkshire. While the majority of residents live in settlements west of Reading and in the major towns of Newbury, Hungerford and Thatcham, much of the district is rural. More than 60% of the area is classified as Areas of Outstanding Natural Beauty. The rural aspect of much of the district also presents many challenges. Services can be distant, public transport less viable and the supply of affordable housing cannot keep pace with demand.

West Berkshire has a smaller and more scattered ethnic minority population compared with each of the other Berkshire unitary authorities and with England as a whole.

The impact of these locality features on Community Care and Housing is significant:

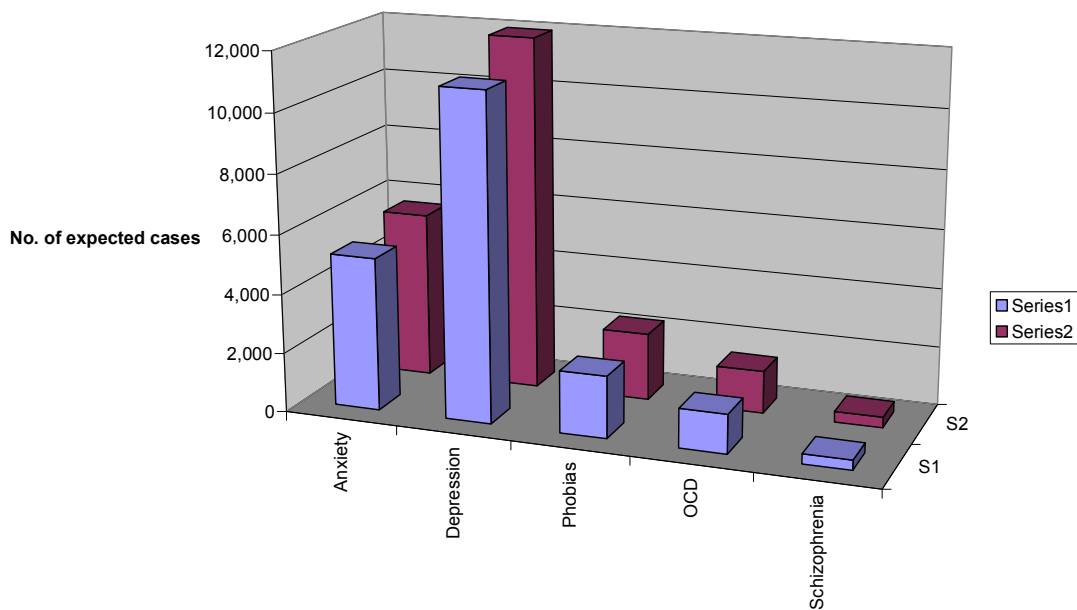
- The generally high affluence of the region and of West Berkshire can mask pockets of real deprivation and exclusion. The District does have communities with individuals and families who experience particular difficulties as a consequence of being poor within a generally wealthy region. Housing is a critical strategic concern with accommodation costs consistently among the highest in the country. This has resulted in a shortage of affordable homes for local people, including key public and private sector workers, near to where they work. Sufficient and affordable housing in rural areas is also a major concern, often resulting in young adults unable to buy or rent accommodation in areas where they grew up.
- The low numbers of people from a black and minority ethnic group makes the provision of culturally sensitive care more difficult.
- The wide geographical area of the District and the dispersed nature of much of the population makes access to services difficult and service delivery relatively expensive.
- Low unemployment makes staff recruitment problematic, particularly in services such as home care and residential care.
- West Berkshire has an ageing population. Among older people, the biggest proportional increase in West Berkshire has been in the 85+ age group which

has increased by about one-third since the 1991 census, to a total of 2,301 people in the 2001 census. With a rise of 29% in this age group forecast over the next ten years, by 2011 the total West Berkshire population over 85 years of age will be nearly 3,000.

- These demographic changes will place additional pressures on Community Care and Housing services to ensure a range of supports are accessible and available where people live. For isolated rural communities this may mean additional transport links to services and the increased availability and use of broadband and other ICT technologies to provide local access to information about community care, housing and other Council services. Increased need for home adaptations or more specialised accommodation geared to allow as much independence as possible while supporting changing abilities is also likely.

4.8 Trends

The chart below shows the increasing numbers of expected cases of various types of mental health problem. The figures in the front column (series 1) are for 2001, stated previously under 5.1, and repeated here for comparison. The figures in the far column (series 2) are for 2010, assuming no change in prevalence rates. Actual figures are provided in the table below for 2010.



Mental Health Problem	Prevalence rate	No. of expected cases 2010
Anxiety	4.7%	5,621
Depression	10%	11,960
Phobias	1.9%	2,272
OCD	1.2%	1,435
Schizophrenia	0.3%	359

Mental Health Service Users' Identification of Need

In 2003, a survey of service users in West Berkshire was undertaken by Resource (Reading Mental Health Resource Centre) in partnership with our local Service User Group PLUS (People like us). The survey asked for opinions about existing service provision in the area, and whether people would find other services useful.

In summary, the survey found that:

- Of the existing mental health services which are not available to them at present, the top four “very important” services that users identified were:
 - Evening Service
 - Community/Social Cafe
 - Weekend Service
 - Day Centre
- Out of a list of proposed services that were being considered for development, the top four “very important” services that users identified as being useful to them were:
 - Telephone Helpline – evening
 - Community Café/Social Club
 - “Users” Club/Drop in Centre
 - Leisure and pleasure activities
- The top five considerations considered as “very important” for service provision were:
 - Friendly Staff
 - Affordable
 - Initial support to access services
 - Day-time opening hours
 - Easy to get to

4.9 Improvement in needs assessment data

The analysis of a Community Needs Survey being undertaken by West Berkshire Council will be completed by December 2004. Alongside further analysis of census data, this will provide additional information to inform the first updating of the Commissioning Strategy. This is extremely important in helping to explore the discrepancy between the numbers of people receiving services from West Berkshire Council (342) against the prevalence data in section 5.1. In recent years, emphasis has been placed on the provision of services for those people in the most acute need; however in the government's "New Vision for Social Care" a much greater emphasis is placed on prevention and inclusion.

A robust system for the aggregation of information from Care Plans is also required. This is addressed within the Commissioning Strategy objectives 4 and 5:

4. The Commissioning Process will be robust and clear at all levels.

5. The pattern of commissioning will change to match the needs of people with mental health problems in the local population more accurately, taking into account and preparing for longer term trends.

4.10 Key messages

- Significantly increasing numbers of people with mental health problems– see both prevalence data and increasing numbers of people receiving a service from WBC client record system (5.5 & 6.3)
- Partnership working within the Council and with LSP partners is required in order to address mental health promotion and social inclusion
- Agreement is required by stakeholders on the role each service or organisation will take in response to different areas of need.
- Requirements of service users for flexibility of service provision need to be addressed
- Further work needs to be undertaken to identify the numbers, distribution and needs of people with mental health problems and their families in West Berkshire
- Conclusion of the analysis of census and Community Needs Assessment data is required to help us identify the impact of rural isolation.
- Improvement in systems to collect needs information and apply this to commissioning plans is required
- The numbers of people with mental health problems, learning disability, physical health problems and/or substance misuse problems has significance for future commissioning, skill mix of teams providing services and staff training.

5. PROFILE OF SERVICE USERS

5.1 Total numbers of people with mental health problems receiving services from West Berkshire Council

As at 31st March 2004, this was 365 people. The table in section 6.3 shows both the comparison with other client groups and the annual figures from 2001.

5.2 National Comparisons

The following tables shows the estimated number of clients receiving services following assessment, during 1st April 2002 to 31st March 2003 by client type, service type and age group

All figures show the number of people per 1,000 population in the relevant age band

18 - 64	All services		Community Based Services		Residential or Nursing Care	
	England	WBC	England	WBC	England	WBC
Physical & Sensory Disability	6.25	3.90	5.93	3.77	0.46	0.21
Learning Disability	3.74	3.16	2.88	1.72	1.34	1.90
Mental Health	4.40	2.58	4.04	2.51	0.50	0.22
Substance Misuse	0.36	0.02	0.32	0.02	0.05	-
Other Vulnerable People	0.60	0.27	0.53	0.26	0.06	0.01

65 AND OVER	All services		Community Based Services		Residential or Nursing Care	
	England	WBC	England	WBC	England	WBC
Physical & Sensory Disability	130.5	104.03	109.1	88.8	28.43	18.53
Learning Disability	1.40	2.30	0.86	0.52	0.70	1.88
Mental Health	12.94	14.04	8.20	8.51	6.38	7.67
Substance Misuse	0.17	0.05	0.12	0.05	0.05	-
Other Vulnerable People	10.76	1.20	8.32	1.04	2.91	0.26

These tables show a higher level of people aged 18-65, and lower level of people aged over 65 in comparison to the rest of England. Further work will be undertaken to explore these differences and their implications for the future

5.3 Numbers of people receiving services from West Berkshire Council 2001-04, by type of disability:

Open client base as at 31st March of each year	2001	2002	2003	2004
Dual Sensory Loss	1	2	2	5
Hearing Impairment	7	10	16	22
Learning Disability	356	363	359	368
Mental Health	201	252	280	365
Mental Health: Dementia	114	134	162	168
Other	7	1	0	0
Physical Disability	538	746	1099	1622
Physical Disability, Frailty, Temporary Illness	344	380	385	408
Substance Misuse	2	5	4	4
Visual Impairment	36	38	54	67
Vulnerable People	14	13	17	22
Grand Total	1620	1944	2378	3051

This table shows a large increase in numbers of people with mental health problems and physical disability in particular, and an increasing number in the overall total.

Estimated number of clients receiving services following assessment during 1st April 2002 to 31st March 2003 by client type, service type and age group

All figures per 1,000 population in relevant age band

18 - 64	All services		Community Based Services		Residential or Nursing Care	
	England	WBC	England	WBC	England	WBC
Physical & Sensory Disability	6.25	3.90	5.93	3.77	0.46	0.21
Learning Disability	3.74	3.16	2.88	1.72	1.34	1.90
Mental Health	4.40	2.58	4.04	2.51	0.50	0.22
Substance Abuse	0.36	0.02	0.32	0.02	0.05	-
Other Vulnerable People	0.60	0.27	0.53	0.26	0.06	0.01

65 AND OVER	All services		Community Based Services		Residential or Nursing Care	
	England	WBC	England	WBC	England	WBC
Physical & Sensory Disability	130.5	104.03	109.1	88.8	28.43	18.53
Learning Disability	1.40	2.30	0.86	0.52	0.70	1.88
Mental Health	12.94	14.04	8.20	8.51	6.38	7.67
Substance Misuse	0.17	0.05	0.12	0.05	0.05	-
Other Vulnerable People	10.76	1.20	8.32	1.04	2.91	0.26

As above, further work needs to be undertaken to explain the differences between the West Berkshire and England figures for mental health, as the table shows a significant difference. This may be partly explained because of relative wealth of the area, which is associated with lower levels of mental health problems.

5.4 Use of Residential and Nursing Care as at 31st March 2004 by people aged 18-64

13 people in permanent residential care
0 people in permanent nursing care
0 people in temporary residential care
0 people in temporary nursing care

6. RESOURCES AVAILABLE

6.1 Financial Resources – West Berkshire Council

The total budget for Mental Health Services 2004/05 is £1,236,340

This includes funding for directly provided services i.e. CMHT and Day Services, as well as commissioned services i.e. residential and respite services. The Council is the employer of Social Care staff, including Day Centre staff, Social Workers, Approved Social Workers (who undertake specific responsibilities under the Mental Health Act) Community Support Workers, Business Support and some of the joint funded management team posts.

6.2 Financial Resources – Newbury and Community Primary Care Trust and Reading Primary Care Trust

Newbury and Community PCT and Reading PCT, both commission specialist mental health and learning disability services from Berkshire Healthcare Trust as part of an overall block contract. The services provided are described below under 8.3.

Newbury and Community PCT has also provided funding for two Primary Care Counselling posts and two Primary Care Link Workers.

The PCT's also provides continuing care funding for health needs of people with mental health problems. There is no specific budget allocation for continuing care, but PCT's have an obligation to fund continuing care services to meet health needs in accordance with Thames Valley wide eligibility criteria.

6.3 Financial Resources – Berkshire Healthcare Trust

Berkshire Healthcare Trust (BHT) is the Berkshire – wide specialist provider of mental health and learning disability services, commissioned by the six Berkshire Primary Care Trusts.

These services include inpatient services provided at Prospect Park Hospital in Reading, Community Services in each of the six localities, specialist services for example psychotherapy, rehabilitation, medium secure services and out of area placements.

The community service budget for adults for the area covered by Newbury and Community PCT is £1,213,500 for 2004/05

This budget funds the health staff who work within the Community Mental Health Services (CMHS), and including the Primary Care Staff mentioned above, and Medical staffing.

BHT is the employer of the Nurses, Psychologists, Occupational Therapists and Consultant Psychiatrists working in the CMHS, and the responsibility for this budget is held by the Locality Manager, delegated to the Community Services Manager – both of which are joint funded and jointly accountable to West Berkshire Council and Berkshire healthcare Trust.

BHT has provided significant capital funding this year to support mental health service development locally in three main areas;

- The development of a new base for the Child and Adolescent Mental Health Service (CAMHS)
- The establishment of the new Resource community service
- The relocation of Adult and Older People's services

6.4 Supporting People

The Supporting People Programme is a national initiative designed to provide housing related support enabling vulnerable people to live as independently as possible in a variety of settings. As such, Supporting People funds schemes supporting services users across all social services departments. The total SP budget for 2003/4 is £6.1, with approximately 9% of this allocated to schemes supporting people with mental health problems.

The residential schemes are provided by Richmond Fellowship, MACA and Paramount Housing, with Call Us providing "floating support" in a flexible way in people's own homes.

A reduction in the overall SP budget of 7.5% has been signalled for 2005/6, but not yet confirmed.

The Supporting People Strategy for the next 5 years is currently being developed, and due for publication in 2005. This will detail the specific action to be taken to address financial issues, as well as provide the overall development framework for service provision.

6.5 External Funding Sources

European Social Fund and Community Fund monies have been secured to support the development of the newly established service provided by Resource in Newbury. This is a significant development for local services, and also provides a strong voluntary sector partner within community mental health services.

6.6 Future Financial Information

A detailed breakdown of financial resources will be available for the first Commissioning Strategy update.

Additional financial information to be provided includes:

- The trend in spend on people with mental health problems as a proportion of social services, supporting people and health budgets.
- The relationship of mental health funding to financial spending assessment.
- A comparison with other local authorities.
- Further information about the Berkshire Healthcare Trust Block Contract

6.7 Future financial resources and key funding messages

- Activity and quality standards will be negotiated with Berkshire Healthcare Trust in relation to the block contract, enabling greater clarity about output in relation to commissioned service. Specific negotiations are underway with West of Berkshire Commissioners regarding psychotherapy and crisis services as a part of this work.
- Work will be undertaken to progress the pooling of budgets for CMHS staffing between West Berkshire Council and Newbury and Community PCT and Reading PCT. This will enable greater flexibility in the use of resources, and enable the joint team manager (responsible for both health and social care staff) to use the budget more effectively to match the team skill mix to identified client needs, reducing cross- invoicing between organisations.
- The BHT budget for the Older People's Service will be transferred to the locality, enabling more effective planning of services across age groups, to ensure local sensitivity. This issue will be addressed within the Older People's Commissioning Strategy.
- Supporting People funding will be reduced over the next few years. At present, a 7.5% reduction in funding is being signalled for the 2005/05 financial year. Some of this saving will be achieved through savings identified at service reviews, and some by the identification of non housing- related support which may require Social Services funding. This will be addressed

through a managed process by the Head of Service and Corporate Director of Community Care and Housing.

- Funding for new mental health workers and early interventions services required by the National Service Framework is routed through health organisations, but not ring fenced. Pressure on Health budgets and focus on other priority areas may compromise our ability to establish new services.
- The new Mental Health Act will require significant development in mental health services in terms of access to independent advocacy and a rise in tribunal numbers. Both of these have major financial implications, but it is not yet clear whether additional funding will be made available to meet these requirements, or where the funding may be routed.
- The delayed discharge fine system which has been in place within the Acute Hospital Sector may well be applied to mental health services. Again, it is uncertain if monies would be available to support required work, and this could place significant additional pressure on Social Care budgets.
- Work will be undertaken to ensure all those people who are entitled to Independent Living Fund monies, will be able to utilise it to fund services to meet their individual needs.
- Opportunities to secure external sources of funding, where possible in partnership with voluntary sector service providers will be fully exploited in future.
- Further reengineering of services will be undertaken over the next three years, to ensure that available resources are used effectively to meet individual needs. This will mean reorganisation of budgets, and changes in patterns of funding in line with strategic objectives.
- The increased use of Direct Payments will influence the type of services funded, as individual service users are supported in exercising choice about the care they receive.

7. SERVICES PROVIDED

7.1 Primary Care and Tier One Services

A Primary Care Mental Health Strategy will be developed in 2004/05 to provide a framework for future service development. The current service provision is as follows:

Mental Health Lead GP's have been identified in each practice, who meet as a group on a quarterly basis with the Locality Manager and the Community Service Manager.

Two Primary Care Counsellors and two Primary Care Link Workers, employed by Berkshire Healthcare Trust. These services are well used, highly valued by many patients and General Practitioners, and of key importance in terms of meeting the requirements of Standard Two of the National Service Framework

Exercise on Prescription – increasing numbers of referrals are being made to this service for people with anxiety and depression, which has a strong evidence base in terms of its effectiveness for mild to moderate problems.

Beating the Blues, a computerised Cognitive Behaviour Programme has been established in two practices so far, and will be expanded to all practices this year. The provision of some **Self Help** materials and resources for staff has begun, and will be developed significantly during this year. This has been specifically requested by GP's, and again, there is a good evidence base for effectiveness.

A pilot scheme with the **Samaritans** has been undertaken at Thatcham surgery, where GP's can refer patients to the Samaritans, who will then call them back. GP's from other practices have indicated that they would like to make use of this scheme; therefore it will be rolled out across the PCT area during the year.

Newbury College runs the **Choices** programme, which aims to help people with mental health problems to access education and training opportunities.

At present, there is a vacancy within the PCT post responsible for **Mental Health Promotion**. The PCT is accountable to the Strategic Health Authority for Mental Health Promotion into schools, the community and the workplace. Our locality has experienced positive benefit of a local Mental Health Promotion Specialist, and it is crucial that we continue to develop prevention strategies in the light of increasing numbers of people suffering from mental health problems.

7.2 Community Mental Health Service

The CMHS for adults of working age undertook a major reorganisation last year which aimed to modernise the service and streamline access. Now there is a single point of contact for secondary mental health services, integration of psychological therapies, and a "24/7" response.

CMHS Service Components

- 2, multidisciplinary Patch Teams, relating to specific GP surgeries.
- Crisis Response Team. This is a jointly funded service, providing a service from 9.00 a.m. – 9.00 p.m. daily. The team includes Approved Social Workers (ASW's), Community Support Workers. Consultant and Staff Grade Doctor and works closely with both Day and Inpatient services, and the Out of Hours GP Service. The Overnight Crisis Service is operational for the remaining hours, and provides a service for the Newbury, Reading and Wokingham. Together, these services ensure a response 24 hours a day 7 days every week.
- Assertive Outreach Service
- Day Services – Hilltop Day Centre is an integral part of the CMHS and provides a flexible service to people with severe and enduring mental health problems, as well as those in more acute need, working closely with the Crisis Response Team. Services include a Horticultural project and a Social and Recreational Project on some evenings and weekend days. It can offer 20 places per day, Monday – Friday.
- Cornwell Day Centre – a satellite of Hilltop covering the east of the district, offering up to 15 places for one day per week.

Psychotherapy

The Psychotherapy Service based at Winterbourne House in Reading has undergone significant changes in the last year, and service provision is still evolving. A locality link worker model is being established, enabling local provision of psychotherapy groups, and staff supervision.

Service User/Carer Involvement

A User Development Worker is employed by West Berkshire Council within the CMHS for adults of working age to facilitate the involvement of Service Users in the planning and running of services.

A User Carer Development Manager is employed by West Berkshire Council to address service user and carer issues within the Community Care and Housing Directorate as a whole.

There has been significant improvement in the representation of Service Users at the LIT over the last year, and this is currently as follows:

- Service User Development Worker
- Service User Consultant, Berkshire Healthcare Trust Board member
- Service User representative of the local Mental Health Forum
- Service User representative of the PLUS (People Like Us) User group

There are also some User- led services in place as follows:

- Friendship Clubs – drop in/social clubs run by volunteers in the outlying villages of Burghfield, Lambourn, Greenham, Thatcham and Shaw each operating once a week for 2 hours.
- Time Out – a user led lunchtime club operating once a week in Newbury.

Resource in Newbury

Resource is a well established voluntary sector organisation, which has provided a community based service in Reading for several years. The service is based on the “Recovery” model of mental health, and service users are “members” of the organisation rather than clients or service users. Members frequently work within the service, as well as receiving support from it, and the emphasis is on developing opportunities for employment, social activities and friendships. Resource has also been instrumental in the B4 campaign – which has provided training to local employers on mental health issues – including West Berkshire Council.

Resource has been successful in securing both European Social Fund and Community Fund Monies, alongside capital funding from Berkshire Healthcare Trust, in order to develop a service in Newbury. A lease on town centre premises is about to be signed, but 60 new members have already joined the project. Members are involved in running a café from the Waterside Community Centre, or taking part in a range of activities in different venues throughout the week. The new base will enable the development of the Community Café in the town centre – which will provide employment opportunities, a contact point, and also a means of developing a greater understanding of mental health issues within the community as a whole.

7.3 Inpatient Services

These are provided at Prospect Park Hospital in Reading, for the West of Berkshire, covering Newbury, Reading and Wokingham.

Services for adults include two acute inpatient wards, an Intensive Care Ward, a “place of safety” (a purpose designed unit where police officers can convey people who require assessment under the mental health act) and the Campion Unit, for people with a learning disability requiring assessment in an inpatient setting. In addition, there is a unit for people with severe and enduring mental health problems, and two wards for older people. The Therapy Centre, pharmacy and Reading Community Mental Health Team are also currently based at Prospect Park Hospital.

The inpatient Service for people from the Newbury and Community PCT area is provided within one of the wards, with 27 beds, shared with Wokingham, giving a nominal allocation of 13 beds. People from the West Berkshire Council area, who receive their health services from Reading PCT, may be admitted to the smaller, Reading Ward which has 22 beds. In practice, the need for flexibility means that localities may over or under use their bed “allocation”.

In common with many parts of the South East of England, there has been significant pressure on Inpatient services over the last year, and Community Services have therefore supported large numbers of vulnerable people within a community setting. Work is underway in partnership with the South East Development Centre to improve our use of inpatient and community resources across the west of Berkshire.

Work will also be undertaken on a more local basis to improve the way that the whole system works, and to ensure a locally appropriate service.

7.4 Residential and Nursing Care

This is provided for people who have more severe and enduring mental health problems, who are not able to maintain independent living for a variety of reasons. A relatively small number of people receive this type of care – ranging from 13 – 19 approximately in any one year, this includes a small number of people (usually 2 -3) who are aged over 65.

If a person requires support in a residential setting as a result of health needs, an application for funding is made to the Continuing Care panel, which applies the Thames Valley wide eligibility criteria to determine funding responsibility. This means that, if a person needs care to be provided by healthcare professionals, then this is funded by the relevant Primary Care Trust.

Residential and Nursing Care is commissioned from a number of providers, both within and outside our geographical area. It can be very difficult to predict future requirements for this type of support, and therefore financial planning is challenging. Further work will be undertaken to progress joint commissioning with neighbouring authorities, as described in the commissioning plan.

7.5 Respite

Funding from the Social Care residential purchases budget, as well as Carer’s Grant Funding (where a respite stay constitutes a break for a carer) enables the provision of planned respite for some individuals. People may stay for one or two weeks during

a year in a placement suitable for their needs, as part of their Care Plan. A range of providers have been used for this service, and respite stays have frequently been a vital part of a plan enabling a person to avoid unnecessary hospital admission.

7.6 Housing Related Services

- Housing Strategy, Enabling and Asset Development Team

Housing Strategy is developed in partnership with RSL's, Developers, Representatives of Vulnerable groups and others to provide a framework for work on housing issues by the Council as a whole, as well as its partners. A major part of the work of this team is to secure the development of affordable housing on new housing development sites.

- Housing Operations

This team is responsible for working with homeless people and implementing the homelessness strategy; for administering the Housing Register and for providing Housing Advice.

- Housing adaptations and renovations

Disabled Facilities Grants and Housing Renewal Grants are available for people who need to make adaptations to their home in order to meet the needs of a family member with a disability. There are specific eligibility criteria for these grants, and Council staff work in partnership with Occupational Therapists, Home Improvement Agencies and Services Users in order to achieve the desired outcome

- Supporting People Team

This team is responsible for implementing Government policy in the support of all vulnerable people in their tenancies. For people with mental health problems, Supporting People commissions residential –based services from the following providers:

MACA
Richmond Fellowship
Paramount Housing

Floating Support is provided by Call Us

These organisations all provide a range of low to medium or higher levels of support, dependent on a person's needs, and all service providers work closely with the Community Mental Health Service.

Challenges are provided by the scarcity of "move on" accommodation for people who are ready to live more independently, as well as the lack of "crisis" accommodation for people who need intensive support for a short while outside of their own home, but who do not require hospital admission. These issues are addressed within the commissioning plan.

7.7 Community Care Development Team

Provides support to social services in the following areas:

- Project Management
- Contract Management
- Welfare Benefits Advice
- Vulnerable Adults co-ordination
- Accreditation Monitoring and Strategy
- Receivership

7.8 Services for children and older people with mental health problems are described within the Commissioning Strategies for Older People's and Children's Services respectively.

Representatives from both of these services attend the LIT on a regular basis. The Older People's and Adult Services will be moving to a new, joint base in 2004, close to the new CMHS base, which will further improve joint working. A working group to develop early intervention in psychosis services, described earlier, is in place, and includes representatives from both adults and CAMH Services.

7.9 Substance Misuse Services have been developing locally with a new model of provision with an increased local focus. Central government funding for "through care and aftercare" for people with substance misuse problems going through either residential rehabilitation or the criminal justice system, will be used to develop a multiple needs post, focussing on meeting the needs of people with mental health as well as substance misuse problems. Additional work to improve services for people with dual diagnoses is described within the commissioning plan.

8. THE VISION

To enable people with mental health problems to lead as full a life as possible, so that they can make their own choices, achieve their full potential, and participate as full members of their community.

9. PRINCIPLES THAT INFORM FUTURE SERVICE PROVISION

The Mental Health Commissioning Strategy is based on the following principles of care and delivery:

- We will give priority to people with mental health problems who are most vulnerable and have the greatest care needs
- We will offer a range of services which are designed to help people with mental health problems to live in their own home for as long as possible

- We will work in partnership with health, housing and the private and voluntary sectors to provide joint services
- We will develop services to help people with mental health problems to be as independent as possible
- We will develop services to meet the needs of black and minority ethnic people with mental health problems
- We will give priority to the need for support to those people who care for people with mental health problems

10. COMMISSIONING OBJECTIVES FOR 2004-07

1. The commissioning process will effectively promote choice for service users
2. The pattern of investment will continue to facilitate development of services in accordance with NSF Policy Implementation Guidance and local need
3. Integration of commissioning across social care, health, supporting people, and the non-profit sector will be achieved.
4. The Commissioning Process will be robust and clear at all levels.
5. The pattern of commissioning will change to match the needs of people with mental health problems and their carers more accurately, taking into account and preparing for longer term trends.

11. COMMISSIONING PLAN

COMMISSIONING OBJECTIVE 1.

The commissioning process will actively promote choice for service users

- Improving the implementation of the Care Programme Approach (CPA)
- Direct payments
- Improve information about services for users and carers
- Use of self assessment
- Increase the range of services available to address different types and levels of need

CPA is the process through which needs of service users are identified and documented, and plans developed to ensure that those needs are met through the formulation of a Care Plan. The idea is that the Care Plans should be developed in

partnership by the service user, the Care Coordinator, and others who are significant in a person's treatment and care – including any family members or informal carers.

Significant progress has been made in terms of the number of care plans and reviews being undertaken on time, however, further work is required to ensure that content of Care Plans meets the required standard, and that the CPA Process is enacted in a way that meets the needs of service users and carers.

Local Authorities are now obliged to provide a Direct Payment to cover the cost of services that people are provided with in response to an assessed need. The service user can then choose how to provide those services, and organise all or a part of their own care. Take up of Direct Payments has varied across the country, and has been particularly popular with people with physical disabilities. However, at present, there are no service users with mental health problems taking up Direct Payments in West Berkshire. The provision of information and training for service users and staff will therefore be a very high priority for the next year, and contact will be established with areas who have already successfully introduced Direct Payments.

Work is already underway to improve service information, and a number of projects have been successfully taken forward during the last year. This includes the establishment of a newsletter, and development of information about ward rounds for the acute inpatient service. Service information leaflets are being reviewed and updated to ensure that all parts of the service provide accessible and clear details about what they provide.

Self assessment has been used in a number of areas in order to gain as accurate as possible an idea of service user's views of their own difficulties, and the best way of resolving them, or providing support. The application of self assessment will be investigated in combination with required improvements in CPA described above.

Access to a wider range of opportunities in terms of employment and activities will be emphasised within the overall service provision. A number of projects are already in place to facilitate this, but significant additional development is required in order to improve employment opportunities and access to housing. This is addressed under commissioning objective 2.

The increase in overall range of service provision, and establishment of greater clarity about what service users can expect in terms of the role of each service and expected outcomes is important in facilitating choice. A service directory is a requirement of the NSF, and has been in place in West Berkshire for several years, with service users commissioned by the LIT updating it annually.

The majority of the large number of people with mental health problems in our communities do not have contact with specialist mental health problems, and instead, seek help from their local GP or try to address their difficulties independently. The development of a Primary Care Mental Health Strategy will be a priority for 2004/05, to provide a framework for the development of services and approaches for people with mild – moderate mental health problems. In addition, work will continue to promote good mental health within the population as a whole in partnership with health, education and business partners, through the Local Strategic Partnership.

COMMISSIONING OBJECTIVE 2.

The pattern of commissioning will change to facilitate development of services in accordance with NSF Policy Implementation Guidance and local need

The national monitoring of the mental health NSF, carried out in autumn 2003, confirmed that just over 86% of 45 targets were at Amber or Green for West Berkshire. The 2004 monitoring exercise is now underway, and an improvement in performance on last year is anticipated.

Some of the targets have changed, in content or emphasis, but the following areas have already been identified as requiring priority action.

- **Development of Early Intervention in Psychosis Services**

This is a specific, evidence-based type of service provision aimed at people experiencing their first episode of a psychotic illness such as schizophrenia or manic –depressive illness. Research has shown that treating people in line with an early intervention model improves both recovery and long term outcome for people experiencing these potentially highly disabling illnesses.

Following a Berkshire-wide initiative to research and recommend a model for implementation, a local project group has been formed, including representatives from adult and Child and Adolescent Mental Health Services. This group has developed an action plan to enable implementation of this service in a way that meets local levels of need.

- **STaR Workers**

The role of Support, Time and Recovery (STaR) workers is to be flexible in providing the Support service users want by giving them Time and so aid their Recovery. Recovery is based on mutually agreed goals arising from a joint assessment of strengths and needs. Work is underway to re-engineer existing services to enable this provision to be established locally.

- **Graduate Workers**

Graduate Primary Care Workers are employed to help GP's manage and treat common mental health problems in all age groups. The Primary Care Mental Health Strategy will guide the development of services in this year, building on the successful establishment of Primary Care Counselling and Link Worker posts.

- **Women's services**

A number of gender – specific services are available locally, within both community based, and inpatient services. However, an audit of need and service provision will be carried out and proposals submitted to the LIT for consideration of areas for further service development.

- **Accommodation**

Supported Accommodation

There are three specific schemes in operation in partnership with Supporting People in the local area, provided by the Richmond Fellowship, MACA and Paramount Housing. These services are subject to review as part of the Supporting People Programme, and reviews are planned for later in 2004. It is anticipated that further development is required in terms of the range of types of accommodation, support levels, choice and mix of service provider, and good geographical spread of local accommodation.

The Supporting People five year strategy is in the process of development, and will be published early in 2005. This strategy will provide the framework for service development in relation to all client groups, and will link closely with the relevant commissioning strategy.

Residential Care

A relatively small number of people receive funding from West Berkshire Council to provide residential care, usually in response to severe and enduring mental health problems. At any one time, 13-19 people receive this type of care, some of which is provided within our area, and some of which is provided "out of county".

Significant budget pressures can be caused when an increased number of placements is required. It can be very difficult to predict levels of need, and requirement for higher cost, specialist placements.

A review of all residential placements will be undertaken as part of the commissioning plan, ensuring that individual needs are being met effectively and resources used efficiently.

The results of this review will be discussed with neighbouring authorities to determine future commissioning requirements and any benefit to be gained by joint commissioning.

The provision of a range of "move on" accommodation is of great importance to enable timely discharge from hospital, and to enable people to make choices about the level of support they need in order to achieve the greatest level of independence possible. The potential application of delayed discharge fines to mental health services means that action to improve this area of provision is a high priority.

The West Berkshire Council Housing Strategy is in the process of development, and the Homelessness Strategy is in its implementation stage. Both of these are important in terms of mental health issues, and will require the participation of mental health service users and staff – our major need is for an increase in mainstream accommodation with flexible health and social support.

The main focus for development in terms of accommodation has been for crisis/respite, which will continue throughout 2004. This is addressed also under Commissioning Objective 5. Following this, a broader approach will be adopted, requiring closer links with the Housing Operations, Supporting People and Housing Strategy teams to address the need to increase the availability of mainstream housing with flexible support.

- **Mental Health Electronic Record (MHeR)**

The local system must deliver the requirements of the Mental Health Information Strategy, must be capable of capturing the Mental Health Minimum Data Set (MHMDS), and must have good links with the National Programme for IT within the NHS. A Berkshire pilot of electronic CPA (eECPA) is in progress, and local developments are planned alongside work on MHMDS and the Social Care system replacement.

Significant progress has been made in terms of provision of staff access to PC's and levels of training and skills. This has been compromised to some extent by the physical limitations of the building the service has been using; however, the relocation of the service planned for October 2004 will significantly improve this, and enable further progress to be made in terms of system links.

The Social Care IT system replacement is currently being planned, and will allow staff to input and access data directly. This will enable the reconfiguration the business and administrative support service in partnership with Amey (West Berkshire Council's Strategic Partner) and Berkshire Shared Services(the provider of health support services), enabling us to use resources more effectively.

The development areas identified below, reflect a more local focus on service development, and are not specific to the NSF requirements, but are certainly influenced by it:

- **Employment Opportunities**

This work will be taken forward by a sub group of the LIT, which includes representatives of Resource, Newbury College and Hilltop Day Service. The work will link with the Pathways to Employment sub group of the Local Strategic Partnership (The West Berkshire Partnership) in providing opportunities for people to return to the work place, take up work placements, and access training opportunities. In house Day Services are increasingly focussed on enabling people to access mainstream opportunities, rather than long term specialist provision, which separates people with mental health problems from the general population.

- **Day Service Development**

A review of in house day services will be carried out in order to provide a clear direction for future development. The establishment of Resource, and development of local crisis services within the locality provides an opportunity to identify the complementary role for the statutory service. The lack of a traditional "day hospital" in the locality has been challenging in meeting the needs of people in acute need, however, Hilltop Day Centre has been successful in working closely with the Crisis Service in order to respond flexibly to individual need.

A clear focus on the provision of therapeutic interventions is now required, and this work will be taken forward in partnership with the CMHS, ensuring that resources are used effectively in meeting identified outcomes for service users.

- **CMHT Development**

Significant progress in service modernisation in the last two years has ensured a single point of referral, integration of psychological therapies and joint management posts at all levels. Improvement has also been secured by the CMHT against Social Care Performance Assessment Framework (PAF) Indicators in 2003/04.

The mental health service plan outlines additional work required to ensure continued progress for 2004/05. However, some of the actions with particular relevance to commissioning are as follows:

- Development of therapeutic interventions is a high priority for CMHT development. A skill mix review will be undertaken, and actions for recruitment and training identified. Quality standards with measurable outcomes will be developed and audited
- Improvement in CPA has already been addressed under objective 1. However, as all Care Coordinators are employed within the CMHT, it is of specific relevance here. Training for staff, emphasising the content as well as the process for care planning, will be prioritised, and will include significant service user input.
- The development of areas of specialist interest and responsibility for staff members. This could include work with young people aged 16-25, older people with functional illnesses, parents with mental health problems or mentally disordered offenders. It could also include enabling improved liaison and joint working with housing, services for people with learning disabilities, and substance misuse services.
- A strong and consistent theme of concern is the relative lack of services to provide and support meaningful activity and occupation, which are an essential element of the process of rehabilitation and recovery. Care Plans should reflect the needs and aspirations of Service Users with respect to activity and employment. CMHT and Day Service staff should work in partnership with Resource and other service providers to broaden the range of opportunities available to service users, and help them to access mainstream services.

- **.Psychotherapy**

Changes have taken place within this service over the last year, and a more locality focused model of provision is being developed. Negotiations are underway regarding quality and activity standards with West of Berkshire Commissioners. This will form part of the work described above concerning the Berkshire Healthcare Trust contract.

The development of services for people with Borderline Personality Disorder will be undertaken in partnership with this work.

- **Inpatient Service Development**

There has been significant pressure on acute inpatient resources this year, with an increasingly high proportion of compulsory admissions.

Issues concerned with commissioning inpatient services are addressed under objective five, but several areas of service improvement relevant to this objective will be taken forward the Acute Care Forum.

- Improved information about inpatient services for users and carers
- Access to services for people with learning disabilities
- Promotion of therapeutic interventions

COMMISSIONING OBJECTIVE 3.

Integration of commissioning across social care, health, supporting people and the not for profit sector will be achieved

Exploration of Care Trust status is currently underway in West Berkshire – this would provide a formal framework for the joint funding and management of adult health and social care services within the locality. However, in the meantime, it is important to progress opportunities for pooled budgets where there is benefit in terms of service user outcomes and increased cost efficiency. Therefore, work will be undertaken in collaboration with Reading and Newbury PCT's and Berkshire Healthcare Trust, to establish a pooled budget for local Community Mental Health Services. These services are currently jointly managed, and the budgets held by managers on behalf of both organisations. At a minimum, a pooled budget would eliminate existing cross- invoicing arrangements, releasing finance staff and management time.

Work will be undertaken to establish clear activity, quality and outcome standards for specific service components, in relation to the block contract with Berkshire Healthcare Trust.

The Supporting People 5 year strategy is currently being developed, and will include actions relevant to mental health service users. The review programme of existing services will include reviews for all of the mental health support schemes. The reviews will identify areas for action to improve outcomes for service users, as well as overall service quality and cost efficiency. Joint planning of respite/crisis services will be continued in partnership with Supporting People, West of Berkshire Commissioners and Berkshire Healthcare Trust.

An increased focus on access to mainstream housing will require more joint work with Housing Operations and Strategy.

Coordination of planning and service delivery will be improved for people with complex needs. Government funding has been made available for the development of through care and aftercare for people with mixed substance misuse, mental health and criminal justice problems

COMMISSIONING OBJECTIVE 4.

The commissioning process will be robust and clear at all levels

- Care Management systems and processes will be improved, and will influence procurement and contracts.
- Commissioning and contracts systems and processes will be clarified and streamlined.

Care Management

The client record information system, and its replacement (planned for 2005) will be used to map and monitor service provision for each service user, along with cost, resulting in "individualised budgets", including social care, supporting people and health funded services.

This information will be aggregated to provide snapshots and monitor trends.

A Care Management Resource Library will be established in CMHT to enable Care Coordinators to access up to date and accurate information about services and how best to commission them.

Quality standards for content of Care Plans and Reviews will be developed, ensuring that the plan is comprehensive and meets needs appropriately. This will facilitate the aggregation of Care Plan information to feed into the commissioning and contracts processes.

Care Programme Approach Training will continue to be provided for CMHT staff, emphasising content of Care Plans, a “User friendly” approach, and the requirement to establish Direct Payments for Social Care Services.

Commissioning and Contracts

Work will be undertaken with Berkshire Healthcare Trust to establish greater clarity regarding the block contract for the provision of specialist services. Agreed levels of activity and quality outcomes will be established, linked to funding provided within the block contract, by the Primary Care Trusts.

An audit of contracts and service agreements will be carried out to ensure that all service providers have quality standards in place, which are based on positive outcomes for service users.

Regular, formalised Commissioning & Contracts Meetings will be established to proactively manage contracts processes, and manage the market place more overtly. This will include:

- Feeding in information from Care Plans and the Community Needs Assessment.
- Supporting new and existing provider organisations in their development in response to identified service user needs and views
- Attracting organisations that have a track record of providing person centre services elsewhere
- Working in partnership with neighbouring authorities to ensure an appropriate range of services is available to meet local need

Provider reviews will be improved – drawing on and linking to the expertise within the Supporting People Team, whose approach to Service Reviews was praised during the Audit Commission Inspection in 2004.

An annual Commissioning Review will take place each summer to prepare for the Social Care budget – build process which takes place during September for the following financial year.

Stakeholder involvement in commissioning will be increased, initially by discussion of this Strategy with the LIT, and a timetable agreed for the updating and annual review.

COMMISSIONING OBJECTIVE 5

The pattern of commissioning will change to meet the needs of people with mental health problems in the local population more accurately, taking into account and preparing for longer term trends

Analysis and application of population and Community Needs Assessment data

Population and prevalence data included in section 5 indicates that action is required in several areas:

The high levels of mental health problems in people with a learning disability should inform staff skill mix and staffing of services. Improved joint working with learning disability services and training of staff in both services is also required.

Further investigation of prevalence and service update information is required to accurately plan for future demand.

Use of Care Plan Information

As stated previously, systems will be developed to enable the aggregation of information from Care Plans to obtain a detailed picture of needs of service users, as well as their hopes and aspirations. The development of standards for Care Plans and Reviews will facilitate this process and also ensure a means of measuring quality. This information will be used in the annual update of the Commissioning Strategy, and in the development of specific service areas.

Use of information gained from Carer's assessments and review of Carers services

An increase in the number of Carers Assessments undertaken is required. Standards for the content of Care Plans will be developed, implemented and audited.

A review of carers services will be undertaken, and proposals developed for consideration by the LIT for future service development and structure.

Suicide Prevention

The National Service Framework requires significant reductions in the number of suicides nationally. Specific figures for West Berkshire have not been included in this report, as unfortunately, numbers are relatively low. A system is in place to ensure that the Locality Manager is notified of all suicides in our area, in order that investigation and appropriate action can be taken. While many people who take their own lives have been in recent contact with either a GP, or specialist mental health professional, a significant number have not. Our local Suicide Prevention Strategy will be updated during 2004, and will contain actions which are locally relevant, in order to achieve progress in this area.

Addressing needs of minority groups, and those with complex needs

The small numbers of people for Minority Ethnic Groups in West Berkshire is noted in section 5.2. It is vital that the needs of these people are met appropriately, and a specific audit will be carried out to ensure that this is the case.

Rural isolation is a more significant problem in West Berkshire, and further work is required in terms of population data analysis to inform appropriate action.

The relative distance of the inpatient service from some parts of our locality means particular attention needs to be paid to access to services in a crisis – hence the work to develop local crisis accommodation.

Work will be undertaken to improve our level of knowledge about the following groups of people, and commissioning plans amended as appropriate:

- People with mental health and substance misuse problems
- People currently living with elderly family carers
- People with mild learning disabilities and mental health problems
- People with borderline personality disorders

Advocacy Service Development

Advocacy Services for Inpatients have been in place for approximately two years, providing a service initially for people with severe and enduring mental health problems, broadening to people admitted to hospital with acute episodes of illness. This was extended in 2003 to include Community Service Users

The implementation of, and planning for, a new Mental Health Act during 2004 and 2005, will require significant additional access to advocacy services. At present, the LIT is considering service options, and plans for increased capacity will be developed in partnership with neighbouring localities.

West Berkshire has a relatively low number of people from BME communities. An Equalities Impact Assessment undertaken within Housing has demonstrated that the Women's Refuge and Direct Access Homeless Hostel has a higher percentage of people from BME communities than our general population. Census data analysis by ward has provided understanding of location and backgrounds of individuals. We will be undertaking further work to identify individuals or groups requiring access to mental health services, while continuing to improve overall access.

12. ACTION PLAN

1. Commissioning Strategy Action Plan 2004 - 2007

COMMISSIONING OBJECTIVE 1. The commissioning process will actively promote choice for service users			
KEY ACTIONS	ACTIVITY	TARGET DATES	LEAD OFFICER
Improvement of Care Plans	Development of quality standards CPA Training	March 2005 Ongoing	Locality Manager CMHS Manager
Increase Direct Payments	Undertake training and awareness raising Set specific targets for uptake	Jan 2005 Oct 2004	DP Strategic & Operational leads
Increase flexibility and range of service provision	Coordinated planning and flexible use of funding Establish local pooled budget Promotion of innovation Service Provider development	Ongoing Sept 2005 Ongoing	Locality Manager Head of Service
Increase role clarity of providers	Audit and improve service information Agree priorities for services and expected outcomes	TBC	Locality Manager
Improvement in information about services	Complete and publish service information leaflets Audit of all service areas Complete full range of information	Oct 2004 March 2005 Nov 2005	Locality Manager

COMMISSIONING OBJECTIVE 2.			
The pattern of commissioning will change to facilitate development of services in accordance with NSF Policy Implementation Guidance and local need			
KEY ACTIONS	ACTIVITY	TARGET DATES	LEAD OFFICER
Development of all key services required by NSF	Develop plans to address targets currently at amber or red: Early Intervention in Psychosis STaR Workers Graduate Workers Women's Services MHeR Accommodation	Nov 04	Locality Manager
Development of key services in response to local need:	Service Plan implementation	Ongoing	Locality Manager CMHT Manager
	CMHT Development Skill mix review Therapeutic interventions CPA Training Promote employment/activity opportunities	Dec 2004. Ongoing	
	Resid. Placement Review Establish crisis and move on accommodation	Sept 2005	Locality Manager Supporting People Manager
	Day Service Development Review and implement action plan	Feb 2005	Locality Manager
	Develop employment opportunities	Ongoing	LIT Sub Group
	Psychotherapy Establish local model. Agree activity and quality standards and outcomes.	Dec2004	Head of Service Locality Manager
	Inpatient Services Improve access Improve information Increase therapeutic interventions	Ongoing	Head of Service Locality Manager CMHS Manager Deputy Director of Nursing Ward Manager Head of Therapy Centre

COMMISSIONING OBJECTIVE 3.			
Integration of commissioning across social care, health, supporting people and the not for profit sector will be achieved			
KEY ACTIONS	ACTIVITY	TARGET DATES	LEAD OFFICER
Coordination of planning and flexible use of different funding streams	Complete database of service users, service provision and cost of care packages Ensure CRIS system provides same data Aggregate data for Commissioning Strategy update	March 2004 Sept 2005	Locality Manager Service Development Coordinator
Initiate work to clarify BHT Block Contract	Agree activity, quality and outcome standards in relation to BHT contract for all service components	March 2005	Head of Service
Establish local pooled budget for CMHT	Negotiate pooled budget agreement with Berkshire Healthcare Trust and Reading and Newbury PCT's	Sept 2005	Head of Service
Attract external sources of funding through partnership with voluntary sector	Develop funding bids for project work in partnership with Resource	Sept 2006	Locality Manager Resource Manager
Improve range of accommodation options	Undertake joint planning with Supporting People, Housing and Service Providers on mainstream and crisis provision	Ongoing	Locality Manager Supporting People Manager Housing Strategy Manager
Coordinate planning and service delivery for people with complex needs	Establish new posts with Through Care and After Care funding. Apply info from Substance misuse needs assessment to strategic planning	Dec 2004	Locality Manager DAT Manager

COMMISSIONING OBJECTIVE 4. The commissioning process will be robust and clear at all levels			
KEY ACTIONS	ACTIVITY	TARGET DATES	LEAD OFFICER
Improve Care Management processes	Develop and audit quality standards for Care Plans and Reviews Establish Care Coordination Resource Library Map and monitor individuals service provision Continue CPA training	June 2005 Sept 2005 Oct 2005 Ongoing	Locality Manager
Improve commissioning and contracts systems and processes	Audit contracts and SLA's for quality standards Set up Contracts and Commissioning Meetings Undertake provider reviews using SP format and annual commissioning review	Nov 2005 Feb 2005 Ongoing	Locality Manager Contracts Manager
Effective collation and application of Care Management information	Establish a system to record and information about needs, and whether met. Apply information to commissioning and contracts processes	March 2005 Ongoing	Head of Service Locality Manager
Increase stakeholder involvement in commissioning decisions	Discuss commissioning strategy with LIT Agree timetable for updating of strategy in time for annual review	Dec 2004	Head of Service

COMMISSIONING OBJECTIVE 5 The pattern of commissioning will change to meet the needs of people with mental health problems in the local population more accurately, taking into account and preparing for longer term trends			
KEY ACTIONS	ACTIVITY	TARGET DATES	LEAD OFFICER
Further analysis and application of population data	Complete analytical work currently underway, using census and Community Needs Survey data	Dec 2004	Heads of Service
Use of Care Plan data	See objective 4	Ongoing	Locality Manager
Address needs of minority groups and those with specific needs	Audit service provision for members of minority ethnic groups. Investigate needs of people in rural areas Investigate needs of people with borderline personality disorder and substance misuse problems Advocacy service development	July 2005 TBC	Heads of Service
Use of information gained from carer's assessments	Collate information about needs and develop service proposals for consideration by LIT	April 2005	Locality Manager

13. MONITORING PERFORMANCE

The Local Implementation Team (LIT) is the central local body in terms of mental health service development and service monitoring. Each locality is required to have a LIT to oversee and take responsibility for the implementation of the National Service Framework for Mental Health. Our local LIT was built on the foundations of the well established Mental Health Steering Group, and includes a good range of membership from voluntary and statutory organisations and Service User and Carer representatives. Representatives from Older People's Services and Child and Adolescent Mental Health Services (CAMH) also attend this group to ensure attention to transitions and effective communication.

The West of Berkshire Mental Health Sub Group was established at the end of last year. This group includes representatives from Wokingham, Reading and Newbury and Community PCT's, all three Unitary Authorities, the three Locality Managers and Directors of Berkshire Healthcare Trust. This group is chaired by the

Corporate Director for Community Care and Housing for West Berkshire Council, and reports to the West of Berkshire Partnership Board, which is responsible for overseeing the Health and Social Care economy for the West of Berkshire.

Both Health and Social Care Performance Monitoring Frameworks are relevant to Mental Health Services. These include the Commission for Health Improvement Reviews for both the PCT and BHT, the NSF performance monitoring and Commission for Social Care Inspection (CSCI) monitoring and inspections.

The LIT is required to report to the Strategic Health Authority through the Berkshire – wide Taskforce, on a bi-monthly basis.

A National NSF Monitoring Exercise is undertaken annually, which includes Service and Finance Mapping, Themed Reviews of specific service areas and a self assessment. The results of this process are validated by a panel including SHA representatives, a CSCI Inspector and a representative of the National Institute for Mental Health England (NIMHE)

Monitoring Performance of Directly Provided Social Care Services

The Performance Assessment Framework (PAF) includes measurement of all adult services against various aspect of their work – for example, numbers of assessments completed on time, numbers of people helped to live at home and numbers of carer’s assessments undertaken. This information is taken from the client record information system and collated into the “Green Book” which is the main tool used to monitor performance against standards required by the Commission for Social Care Inspection (CSCI)

Performance information across the Community Care and Housing Directorate as a whole is summarised within the Delivery and Improvement Statement, which is completed in spring and autumn each year.

CSCI also conducts an Annual Review Meeting (ARM) of Social Services as a whole, including representatives from District Audit and the Strategic Health Authority. Taking into account the PAF performance throughout the year, specific service inspections and information gathered through the ARM, CSCI forms a judgement about the council’s performance and prospects in delivering services to children and adults. The judgement is published in the autumn, and provides the basis of the council’s star rating, as well as informing the Comprehensive Performance Assessment of the council, published by the Audit Commission.

The Community Care Management, and Senior Management Teams both address performance against PAF on a monthly basis, and it is also addressed within supervision sessions on a regular basis.

Performance against PAF has improved significantly over the last year, and Mental Health Services have particularly improved in terms of the numbers of people helped to live at home and the number of reviews completed on time.

Quality standards will be developed in specific areas in order to monitor and improve performance in areas not addressed fully by the PAF. This will include standards for Care Plans and reviews, and standards for carer’s assessments.

In addition, a self assessment against CSCI Inspection standards is underway, and appropriate action to improve performance is being taken.

Councils have been required to undertake Best Value Reviews of directly provided and commissioned services since 2000, ensuring that each service is inspected every five years at a minimum. In addition, external and internal audits are carried out and inspection of specific services by the Audit Commission – Supporting People for example had an inspection in 2004.

Monitoring Performance of Commissioned Services

Monitoring of externally provided services is carried out in a number of ways, for example;

Through the work of the CC&H Accreditation and monitoring staff

Contract and Service reviews

The work of CSCI

Service Reviews undertaken by Supporting People

We aim to build on this work by implementing standards for contracts and service level agreements and undertaking reviews based on the Supporting People format

Quarterly reports are currently being developed for the Head of Service, Council Members and PCT Board incorporating performance measures from both health and social care systems in order to provide a good picture of the functioning of the whole system. These reports will enable effective monitoring of progress against targets, and provide a more accurate means of monitoring trends.

14. CONCLUSION

The Commissioning Strategy brings together a great deal of existing work on service development locally – Government policy and local service users and carers are clearly telling us that change is required both in type of service and the way that they are provided.

Our systems need to develop to enable us to understand needs on an individual and community level – and ensure that we act on this understanding.

In ensuring that we actually respond to the improved information we have about needs we will sometimes need to make difficult decisions to do things differently. Increasing service user involvement in a meaningful way means that organisations have to share or give up some of their power. However, we have a strong foundation for partnership working, service user and carer involvement and service modernisation which has been developing over the last few years.

Despite the challenges of staff recruitment and retention in the South East, we are fortunate in having a dedicated and hard working staff team - a great deal has been achieved, and many innovative and creative projects are making real progress.

The Commissioning Strategy will build on this foundation as it is implemented, refined and developed over the three years of its life to achieve further progress in terms of Mental Health Services.

However, we are also aiming to achieve change outside of specific service provision – people with mental health problems are part of our communities- remember one in four of us will experience a mental health problem at any one time. We all want the same opportunities in terms of employment, housing, health care and our social and emotional lives. This means all of us working together to achieve healthy and sustainable communities which are in everyone's best interest.

15. SECTION C - EXECUTIVE SUMMARY

(1) Introduction

This Commissioning Strategy is based on both national guidance and local needs assessment. It should be seen as a working document, to guide and support future work through the provision of specific targets, measurable outcomes and dates for achievement. The Strategy also contains targets designed to improve the Commissioning process itself. This is in recognition of the need to improve information about needs, use of contracting and care management processes and managing the market effectively to improve both the range and quality of service provision.

The Local Implementation Group (LIT) as the key local stakeholder group for mental health services will take the lead in implementing, reviewing and updating the Commissioning Strategy. The LIT has been instrumental in the development of local services in line with the National Service Framework for mental health policy implementation guidance.

The LIT includes service user and carer representatives, and has a number of sub groups, set up to progress work in a number of specific areas.

This work has provided a firm foundation for the development of the Commissioning Strategy, which covers a 3 year period (2004-2007).

Partnership working is central to our approach in West Berkshire, as we believe that it secures the best outcomes for service users, through the most cost-efficient use of resources;

The foundation provided by strong partnerships enables us to ensure that our commissioning is developed and implemented in an integrated way, and is enhanced and enriched by the healthy challenge resulting from the involvement of a diverse range of stakeholders.

This commissioning strategy aims to provide a framework, not just for specialist service provision, but also to address basic needs, shared by all of us, for good housing, work and relationships: promoting opportunities for people to live fulfilling lives enables them to make a positive contribution to our communities.

(2) Commissioning Profile

National prevalence statistics suggest that 27,474 West Berkshire adults aged 18 and over have a mental health problem at any one time, ranging from mixed anxiety and depression through to schizophrenia and obsessive compulsive disorder (OCD). 18,316 adults with mental health problems

Further work needs to be undertaken, including the conclusion of the census and Community Needs Assessment data, to identify the number and distribution of people with mental health problems and their families in West Berkshire.

The numbers of people with a learning disability, physical health problems as well as mental health problems has significance for future commissioning, skill mix of teams providing services and staff training.

(3) Financial Resources

Funding for local Mental Health Services is provided from three major statutory sources:

- West Berkshire Council – through both Community Care and Supporting People
- Newbury and Community and Reading Primary Care Trusts
- Berkshire Healthcare Trust

These resources are used for both direct provision and commissioning of a wide variety of services.

In addition, services are provided by a number of partner organisations – for example Newbury College. External sources of funding, for example, European Social Fund and Community Fund monies are being utilised to develop and enhance local services.

(4) Service Provision

A wide range of community based, residential and short break services are provided, frequently in partnership, within the locality. A major programme of modernisation is underway within directly provided services, and the emphasis is increasingly on the promotion of choice, social inclusion and employment and housing opportunities.

(5) Vision and Principles

To enable people with mental health problems to lead as full a life as possible, so that they can make their own choices, achieve their full potential, and participate as full members of their community.

Principles that inform future service provision

The Mental Health Commissioning Strategy is based on the following principles of care and delivery:

- We will give priority to people with mental health problems who are most vulnerable and have the greatest care needs
- We will offer a range of services which are designed to help people with a mental health problem to live in their own home for as long as possible
- We will work in partnership with health, housing and the private and voluntary sectors to provide joint services
- We will develop services to help people with a mental health problem to be as independent as possible
- We will develop services to meet the needs of black and minority ethnic people with a mental health problem
- We will give priority to the need for support to those people who care for people with a mental health problem

(6) Commissioning Objectives

In order to develop these objectives, an analysis of national and local strategy and needs information has been undertaken, and compared with existing service provision and commissioning processes. The commissioning objectives outlined below, provide the direction required for the implementing of the commissioning plan for the next three years.

1. The commissioning process will effectively promote choice for service users
2. The pattern of investment will continue to facilitate development of services in accordance with NSF Policy Implementation Guidance and local need
3. Integration of commissioning across social care, health, supporting people, and the non-profit sector will be achieved.
4. The Commissioning Process will be robust and clear at all levels.
5. The pattern of commissioning will change to match the needs of people with mental health problems and their carers more accurately, taking into account and preparing for longer term trends.

(7) Commissioning Plan

Under each of the commissioning objectives, a brief account of the key actions to be undertaken is included – for further detail, please see the Commissioning Strategy Action Plan.

(a) The commissioning process will effectively promote choice for users of learning disability services.

- Improving the implementation of the Care Programme Approach
- Increasing the number of service users who access services of their choice through direct payments
- Improving the Information provided to service users and carers about services available

(b) The pattern of investment will continue to facilitate development of services in accordance with NSF Policy Implementation Guidance and local need

- Development of remaining services required for NSF compliance
- Development of specific services in line with local need; CMHT; Day Services; Employment Opportunities; Inpatient Service; Psychotherapy development
- A Residential Placement Review will be undertaken to ensure all individuals' needs are met appropriately, and resources used effectively.

(c) Integration of commissioning across social care, health, supporting people, and the non-profit sector will be achieved.

- Improve range of accommodation options.
- The coordination of cross-locality planning and commissioning of specific services
- Establishment of a local pooled budget for CMHT between social care and health organisations.
- Attracting further external sources of funding through partnership with the voluntary sector
- Improvement in coordination of planning and service delivery for people with complex needs.

(d) The Commissioning Process will be robust and clear at all levels.

- Care Management processes will be improved, to ensure effective collation and application of needs information. Quality standards will be developed and audited.
- Commissioning and contracts systems and processes will be improved to ensure that needs information influences commissioning and contracts effectively. Further development and audit of quality standards, within existing contracts and service level agreements will be undertaken. Stakeholder involvement in commissioning will be increased, and a timetable for updating and annual review agreed with the LIT

(e) The pattern of commissioning will change to match the needs of people with learning disability and their carers more accurately, taking into account and preparing for longer term trends.

Further analysis and application of population data will be undertaken to improve our understanding of our local communities and their needs. Care plan and Carer's assessment information will all contribute to the annual commissioning review, and inform service development.

The needs of minority groups and those with specific needs will be investigated and addressed in a more robust way.

(8) Conclusion

The Commissioning Strategy brings together a great deal of existing work on service development locally – Government policy and local service users and carers are clearly telling us that change is required both in type of service and the way that they are provided.

Our systems need to develop to enable us to understand needs on an individual and community level – and ensure that we act on this understanding.

In ensuring that we actually respond to the improved information we have about needs we will sometimes need to make difficult decisions to do things differently.

Increasing service user involvement in a meaningful way means that organisations have to share or give up some of their power. However, we have a strong foundation for partnership working, service user and carer involvement and service modernisation which has been developing over the last few years.

Despite the challenges of staff recruitment and retention in the South East, we are fortunate in having a dedicated and hard working staff team - a great deal has been achieved, and many innovative and creative projects are making real progress.

The Commissioning Strategy will build on this foundation as it is implemented, refined and developed over the three years of its life to achieve further progress in terms of Mental Health Services.

However, we are also aiming to achieve change outside of specific service provision – people with mental health problems are part of our communities- remember one in four of us will experience a mental health problem at any one time. We all want the same opportunities in terms of employment, housing, health care and our social and emotional lives. This means all of us working together to achieve healthy and sustainable communities which are in everyone's best interest.