FUNDAMENTAL REVIEW OF MENTAL HEALTH SERVICES

Report from: Ann Windiate, Director Community Services
Report author: Richard Lynn, Service Improvement Manager

1 Purpose of item

1.1 This paper sets out the scope for the Fundamental Review into mental health for Cabinet approval.

2 Recommendations

2.1 That the Committee comments on how the review is conducted, as set out in the report.

2.2 That the Committee considers setting up a task group to support this review.

3 Background

3.1 The provision of mental health services is undertaken in partnership with Medway Teaching Primary Care Trust (PCT) and the newly formed Mental Health Trust. Within Medway Council, responsibility for mental health provision is shared between the Community Services Directorate for adults and the Children’s Services Directorate for children and young people.

3.2 In April 2002 the West Kent NHS and Social Care Trust was established to bring together health and social care provision for mental health in West Kent under a single management.

3.3 In October 2002, under section 31 of the Health Act 1999, Medway Council entered into a Commissioning Agreement with Medway PCT for mental health services. The Council gave the PCT a commissioning role on behalf of both organisations.

3.4 In April 2006 West Kent NHS and Social Care Trust and East Kent NHS and Social Care Partnership Trust merged to form the Mental Health Trust.

3.5 The services to which the agreements relate are:

- Mental health services for adults of working age
- Older people with functional mental illness
• Mental health services for dual diagnosis substance misusers.

• Child and Adolescent mental health services.

3.6 The commissioning agreement, provider partnership agreement and Service Level Agreement (SLA) each contain a clause that provides for them to be reviewed annually. In 2004 a review was undertaken (Carter, 2004) into the extent to which joint commissioning objectives remain appropriate and how well they are supported by the current commissioning agreement.

3.7 Further reviews have taken place into the overall needs of mental health services in Medway (Gatineau, et al, 2005), a top level review into Kent and Medway Health and Social Services mental health commissioning; (Packwood, 2005), a review of the Community Support Scheme; (Coulson, 2005), a consultation exercise carried out into modernising Mental Health in Medway and Swale; (Stevens, 2004) Modernising Mental Health in Medway and Swale (White, 2005) and supporting people housing review.

4 Outstanding Issues

4.1 The reviews above have identified a number of areas for improvement and have made recommendations. In addition to these, further issues have been identified through interviews with key officers:

• Fitness against the National Service Framework for Mental Health (Department for Health, 1999).

• The effect on services and commissioning arrangements that the newly formed Mental Health Trust will have and the possibility of the creation of a Kent and Medway wide commissioning arrangement.

• The suitability of the current arrangements for seconding staff from Medway Council to the new Trust.

• Review the current agreements between the Council, PCT and Mental Health Trust.

• Measurements of quality of service of daycare, domiciliary care, residential care and approved social worker (ASW) provision.

• Contracting and SLA arrangements including funding, value for money, clear outcomes and measures of effectiveness including shared and agreed performance reporting.

4.2 In addition there are a number of issues relating purely to the mental health of children and young people:

• Transition arrangements between childhood and adulthood.

• Children and Adolescent Mental Health Services (CAHMS) waiting list.
• Inconsistent referral criteria used by different organisations with professionals from different backgrounds.

• Two care pathways depending on where the behaviour first surfaces:
  
  Adolescent Resource Centre (ARC), Behavioural Support Unit (BSU), Youth Offending Team (YOT) (anti-social behavioural label)
  
  Children and Adolescent Support Team (CAST)/CAHMS (ill health label)

• The role and training of teachers and other professionals to initially assess and consistently refer.

4.3 The mental health of adults and children, whilst sharing many of the commissioning and partnership challenges, differ significantly in other aspects and would benefit from being separated out. The recent creation of the Children’s Services Directorate in response to the Joint Area Review recommendations is currently putting in place mechanisms to address the issues facing Child and Adolescent Mental Health services and would suggest that the fundamental review into mental health should consider only aspects that fall within the scope of the National Service Framework (Department of Health, 1999).

5 National Service Framework

5.1 The National Service Framework concentrates on the mental health needs of working age adults up to 65, and covers health promotion, assessment and diagnosis, treatment, rehabilitation and care, and encompasses primary and specialist care and the roles of partner agencies.

5.2 The Framework also touches on the needs of children and young people, highlighting areas where services for children and adults interact, for example the interface between services for 16 - 18 year olds, and the needs of children with a mentally ill parent.

5.3 The National Service Framework for Mental Health has a 10 year implementation that began in 1999 and has seven standards (Appendix i) covering:
  
  • mental health promotion (standard 1),
  • primary care and access to services (standard 2 and 3),
  • effective services for people with severe mental illness (standard 4 and 5),
  • individuals who care for people with mental health problems (Standard 6),
  • action necessary to achieve the target to reduce suicides (standard 7).

6 Scope of Adult Mental Health Review

6.1 The aims of the review into adult mental health will be to measure how far the National Service Framework has been adopted within Medway and to put in
place actions that will ensure it is fully adopted within Medway within the 10 year timeframe.

6.2 The review and implementation will achieve this by:

- Measuring the fitness against the National Service Framework of exiting commissioning arrangements and services.
- Review and resolve the seconded staff arrangements.
- Review and formally agree the current partnership agreements including the Mental Health Trust. This will cover the identification of procedures that underpin the partnership arrangements including the management of over/underspends.
- Review the provision of day services.
- Put in place shared measures of quality and performance monitoring arrangements to include: daycare, domiciliary care, residential care, ASW provision and identify a pathway to migrate existing electronic social care mental health records currently held on the RAISE system onto existing NHS systems.

6.3 The review team will consist of:

- Lead: Helen Carter (Consultant), Jigsaw Management Services Ltd.
- Amanda Rogers (AD Social Care), Medway Council.
- Marie Coulson (Mental Health Commissioning Manager), Medway PCT.
- Justine Leonard, Medway Health and Social Care Partnership Trust.
- John Hughes (Area Services Manager), Medway Health and Social Care Partnership Trust.
- Mark Brampton (AD Social Care), Medway Health and Social Care Partnership Trust.
- Service user representative.
- Voluntary Sector representative.
- Project Management: Richard Lynn (Service Improvement Manager), Medway Council.
- Admin: Provided by Community Services Directorate

6.4 The review team will base much of the research on the existing reviews, needs analysis, consultation and strategies available.

6.5 It will commission additional consultation, information gathering where gaps in knowledge are identified including representations from independent sector providers.

6.6 It will produce improved commissioning agreements, risk sharing agreements and SLAs for agreement and approval.
6.7 It will review and resolve the current seconded staffing arrangements.

6.8 It will produce a shared performance monitoring and reporting framework that measures quality of outcomes for clients/patients/carers, value for money and SLA delivery.

7 Timetable

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<tr>
<td><strong>Scope</strong></td>
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<tr>
<td>Present Scope to Cabinet</td>
<td>9 Jan 2007</td>
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<tr>
<td>Present Scope to NHS and Health Sub-Committee</td>
<td>24 Jan 2007</td>
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<tr>
<td><strong>Research and initial findings</strong></td>
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<tr>
<td>Present research to NHS and Health Sub-Committee</td>
<td>Mar/Apr</td>
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<td><strong>Options and initial recommendations</strong></td>
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<td>Present options report to NHS and Health Sub-Committee</td>
<td>May/Jun</td>
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<td><strong>Final report</strong></td>
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<td>Present final report to CMT</td>
<td>Jun</td>
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<td>Cabinet Briefing</td>
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<td>Present final report to NHS and Health Sub-Committee</td>
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8 Risks

8.1 The review will involve partner organisations. The current review recommendations approval path: i.e. Corporate Management Team, Overview and Scrutiny and Cabinet may not provide adequate reassurance for partners. Additional approvals may be required in other organisations or the Local Strategic Partnership (LSP) Lead Partnerships that will extend the timetable put in place to complete the review.

8.2 The move to a Kent and Medway wide mental health commissioning will lead to new structures, agreements and SLAs being drawn up. The review may be overtaken by events.

8.3 The existing reviews, needs analysis and consultation may not provide adequate detail on which to base a Fundamental Review. Undertaking additional consultation and research may increase the time and cost of the review.

9 Challenge, Consult, Compare and Compete

9.1 The review will be structured as follows to provide the necessary comparison and challenge:

- The review team includes representatives from Medway PCT, the Mental Health Trust, the voluntary sector and service user representatives. These representatives will provide relevant and valuable consultation and challenge to the process.

- Further consultation work concerning options will be conducted with providers, staff and users.
• Use will be made of existing research, benchmarking and best practice guidance that is available.

10 Financial Implications

10.1 In addition to the staff resources above, a budget of £9,000 will be required to procure the independent external lead, undertake consultation and stakeholder feedback. This will be covered by the review and improvement budget held in Communications and Improvement Division.

11 Legal Implications

11.1 There are no legal implications arising from this report at this stage.

11.2 Recommendations arising from this Fundamental Review will impact directly upon our partners and the implementation of any actions arising may require additional scrutiny and approval by them. This is because mental health services in Medway are provided through agreements and SLAs between Medway Council, Medway PCT (as lead commissioner on behalf of both organisations) and the Mental Health Trust (Kent and Medway Health and Social Care Partnership Trust) who provide mental health services.

Background papers

Audit Commission, *Children in Mind – Child and Adolescent mental health services*, Audit Commission, 1999


Coulson, M., *Community Support Scheme Review* Medway PCT, March 2005


Lynn, R., *Fundamental review into Community Safety*, Medway Council, July 2006

Packwood, M., et al., *Kent and Medway Health and Social Services Mental Health Commissioning Review*, Kent and Medway Strategic Health Authority, December 2004


Stevens, L., *Modernising Mental Health in Medway and Swale – a Consultation Document*, Medway PCT, 2004

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Appendix A – National Service Framework for Mental Health

**Standard one** - Health and social services should:

- promote mental health for all, working with individuals and communities
- combat discrimination against individuals and groups with mental health problems, and promote their social inclusion.

**Standard two** - Any service user who contacts their primary health care team with a common mental health problem should:

- have their mental health needs identified and assessed
- be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it.

**Standard three** - Any individual with a common mental health problem should:

- be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care
- be able to use NHS Direct, as it develops, for first-level advice and referral on to specialist helplines or to local services.

**Standard four** - All mental health service users on the Care Programme Approach (CPA) should:

- receive care which optimises engagement, prevents or anticipates crisis, and reduces risk
- have a copy of a written care plan which:
  - includes the action to be taken in a crisis by service users, their carers, and their care co-ordinators
  - advises the GP how they should respond if the service user needs additional help
  - is regularly reviewed by the care coordinator
- be able to access services 24 hours a day, 365 days a year.

**Standard five** - Each service user who is assessed as requiring a period of care away from their home should have:

- timely access to an appropriate hospital bed or alternative bed or place, which is:
  - in the least restrictive environment consistent with the need to protect them and the public
  - as close to home as possible
• a copy of a written after-care plan agreed on discharge, which sets out the care and rehabilitation to be provided, identifies the care coordinator, and specifies the action to be taken in a crisis.

**Standard six** - All individuals who provide regular and substantial care for a person on CPA should:

• have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis

• have their own written care plan, which is given to them and implemented in discussion with them.

**Standard seven** - Local health and social care communities should prevent suicides by:

• promoting mental health for all, working with individuals and communities (Standard one)

• delivering high quality primary mental health care (Standard two)

• ensuring that anyone with a mental health problem can contact local services via the primary care team, a helpline or an A&E department (Standard three)

• ensuring that individuals with severe and enduring mental illness have a care plan which meets their specific needs, including access to services round the clock (Standard four)

• providing safe hospital accommodation for individuals who need it (Standard five)

• enabling individuals caring for someone with severe mental illness to receive the support which they need to continue to care (Standard six).

and in addition:

• supporting local prison staff in preventing suicides among prisoners

• ensuring that staff are competent to assess the risk of suicide among individuals at greatest risk

  developing local systems for suicide audit to learn lessons and take any necessary action.