

WEST DUNBARTONSHIRE COUNCIL

Report by Director of Social Work Services and the Director of West Dunbartonshire Community Health Partnership

Health Improvement and Social Justice Partnership: 21 February 2007

Subject: Delivering for Mental Health – National Plan

1. Purpose

- 1.1 To inform the partnership of the launch of the national plan, "Delivering for Mental Health" (December 2006) and its key points.

2. Background

- 2.1 The objectives are grounded in the principles set out in *Delivering for Health* that NHS services should be delivered as locally as possible, provide systematic support for people with long-term conditions, reduce the health inequality gap, and actively manage admissions to, and discharges from, hospital.

The aim is to see people living productive, enjoyable and worthwhile lives with good mental health accompanying good physical health and wellbeing.

While much of the Plan is about NHS services, it is also about what happens in non-health settings that can only be delivered by partnerships between the NHS and local authorities, between the statutory and voluntary sectors and between service providers and users and carers. It acknowledges that service users are central to their own care, treatment and recovery and reaffirms that service users and carers should be partners in designing and delivering services.

3. Main Issues - The Plan

The Plan lays out a number of themes backed by commitments (14) and targets (3) as follows:

3.1 Improve patient and carer experience of mental health services

Commitment 1: We will develop a tool to assess the degree to which organisations and programmes meet our expectations in respect of equality, social inclusion, recovery and rights. The tool will be piloted in 2007 and be in general use by 2010.

Commitment 2: We will have in place a training programme for peer support workers by 2008 with peer support workers being employed in three board areas later that year.

3.2 Responding better to depression, anxiety and stress

Commitment 3: We will work with GPs to ensure that new patients presenting with depression will have a formal assessment using a standardised tool and a matched therapy appropriate to the level of need. We will also develop treatment models for those who have depression and anxiety and who have coronary heart disease and/or diabetes, who are identified under the new QOF arrangements.

Commitment 4: We will increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers.

Target 1: Reduce the annual rate of increase of defined daily dose per capita of anti-depressants to zero by 2009/10.

3.3 Improving the physical health people with mental illness

Commitment 5: We will improve the physical health of those with severe and enduring mental illness by ensuring that every such patient where possible and appropriate has a physical health assessment at least once every 15 months.

3.4 Better management of long-term mental health conditions

Commitment 6: NHS QIS will develop the standards for ICPs for schizophrenia, bi-polar disorder, depression, dementia and personality disorder by the end of 2007. NHS Board areas will develop and implement ICPs and these will be accredited from 2008 onwards.

3.5 Early detection and intervention in self-harm and suicide prevention

Commitment 7: Key frontline mental health services, primary care and accident and emergency staff will be educated and trained in using suicide assessment tools / suicide prevention training programmes. 50% of target staff will be trained by 2010.

Target 2: Reduce Suicides in Scotland by 20% by 2013.

3.6 Manage better admission to, and discharge from, hospital

Commitment 8: Ensure that people are managed and cared for more effectively in the community and avoid inappropriate admissions by ensuring that the crisis standards are achieved by 2009.

Commitment 9: We will establish acute in-patient forums across all Board areas, comprising service providers, service users and carers as well as other stakeholders such as other local authorities. These forums will undertake a service mapping.

Target 3: We will reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009.

3.7 Child and adolescent mental health services

Commitment 10: We will improve mental health services being offered to children and young people by ensuring that by the end of 2008:

- a named mental health link person is available to every school, fulfilling the functions outlined in the *Framework*;
- basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people.

Commitment 11: We will reduce the number of admissions of children and young people to adult beds by 50% by 2009.

3.8 Enhancing specialist services

Commitment 12: We will implement the new Care Programme Approach for all restricted patients by 2008.

3.9 Mental Health and Substance Misuse

Commitment 13: We will translate the principles of *Mind the Gap* and *A Fuller Life* into practical measures and advice on what action needs to be taken to move the joint agenda forward and support joined-up local delivery by the end of 2007.

3.10 Improving services for older people with mental health problems

Commitment 14: We will work with the Dementia Services Development Centre at Stirling University and NHS Forth Valley to undertake a pilot programme in improving dementia services. The pilot will be evaluated in 2008.

4. Personnel Issues

4.1 Personnel issues are detailed in a separate report setting out implementation proposals for adult mental health services.

5. Financial Implications

- 5.1** There are no additional resources devolving to the NHS, local authorities or the voluntary sector to implement the commitments and targets outlined in the plan. Public bodies will need to rely on ring fenced allocations such as Mental Health (Care & Treatment) (Scotland) Act 2003 Implementation Funds, Resource Transfer, Mental Illness Specific Grant and generally more 'efficient' use of core funding. Funds have been allocated to the Partnership to deliver improvements to mental health services locally.
- 5.2** The Health Department will fund a central support programme to underpin the implementation of the Plan locally and nationally.
 - 5.2.1** A National Improvement Programme will be established in April 2007 to oversee the delivery of the targets and commitments.
 - 5.2.2** A Leadership Programme is being commissioned to work alongside the Improvement Programme and will embrace staff in the NHS Boards, Councils, Voluntary Sector and service users and carers.
 - 5.2.3** The National Programme will focus on benchmarking as a means to encourage and promote efficiency and best value in services. Work has commenced at a national level on the identification of key indicators that will improve data collection and improve the information that we have for planning and directing services.
 - 5.2.4** There will be a corresponding emphasis on performance management with added weight being given to an outcomes rather than an outputs approach.

6. Risk Analysis

- 6.1** The commitments and targets set out in the plan will require considerable investment of resources and time to change services. It may be necessary to review the capacity of the joint Mental Health Strategy Group and our training programme. The National Plan's requirements will also have to be addressed during the period that NHS Greater Glasgow and Clyde and local authority partners have to resolve the financial and strategic issues tied into the former NHS Clyde area.
- 6.2** Progress is being made on many of the themes cited in the plan and proposals for local implementation are detailed in a separate report.

7. Recommendations

The Partnership is asked:

- I. to note the new national mental health plan – Delivering for Mental Health and

- II. to request that the Director of Social Work Services and the CHP Director bring forward progress reports on how the Plan is being implemented locally.

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Background Papers: Delivering for Mental Health (December 2006)

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