



Nottinghamshire
County Council

Adult Social Care & Health
Commissioning Strategy
Chapter Seven

2007 - 2009

7 Mental Health



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1 INTRODUCTION

The strategy has been produced in partnership with partners in the Bassetlaw and Nottinghamshire PCTs.

Nottinghamshire's mental health and social care services will:

- put service users and carers at the centre of our planning and commissioning processes
- shift the focus of mental health planning and commissioning from specialist services to encompass the whole care spectrum
- shift the balance away from the medical and illness model to one of mental health well being and social inclusion
- ensure our work is recovery focused and that when formal support is required, people are able to choose the least intrusive option from a comprehensive range of appropriate mental health programs and services, without delay and as close to their home as possible
- routinely consider the options for commissioning services, giving the statutory, independent and voluntary sector providers an equal opportunity
- ensure effective commissioning is in place to address the following: access to care, availability in time, crisis intervention, emergency capacity and choice

2 KEY DRIVERS IN MENTAL HEALTH

2.1 Relevant Legislation and National guidance

2.1.1 The National Service Framework (NSF) – mental health DH 2000 , The NSF 5 years on DH 2005

“We now need a plan that recasts the NSF in line with the direction the NHS as a whole is taking – towards patient choice, care of long term conditions and improved access to services. We need to broaden our focus from specialist mental health services to the mental health needs of the community as a whole.”

Louis Appleby National Director for Mental Health – The NSF Five Years On

The National Service Framework for mental health set seven standards in five areas to promote mental health, what they should achieve, how they should be developed and delivered and how to measure performance:

- **Standard one:** mental health promotion recommends we promote mental health for all
- **Standards two and three:** primary care and access to services
- **Standard four and five:** effective services for people with severe mental illness
- **Standard six:** caring about carers
- **Standard seven:** preventing suicide

2.1.2 Mental Health and Social Exclusion – “Action on Mental Health” SEU 06/04

The National Social Inclusion Programme in mental health highlights six plans to tackle exclusion, stigma and discrimination, the role of health and social care services, employment, supporting families and community participation, housing and finance, and making it happen, local plans and strategies.

2.1.3 Delivering Race Equality (2003) a Framework for Action. NIMHE October 2003 and Department of Health Delivering Race Equality in Mental Health Care (DH, 2005a)

To tackle the “*significant and unacceptable inequalities*” in access to mental health services. The ethnicity ratios in acute in-patient units is 79% white British and 19% BME, however of that 19% some 9% came from the Black Caribbean or Black African communities and of that group, between 33-44% were detained and are 3 times more likely to be admitted to hospital.

2.1.4 From Segregation to Inclusion - Commissioning Guidance on Day Services for people with mental health problems CSIP 03/06

This guidance is designed to assist commissioners of mental health services in the re-focussing of day services for working-age adults with mental health problems into community resources that promote social inclusion and promote the role of work and gaining skills in line with current policy and legislation.

2.1.5 Direct Payments for people with mental health problems – a guide to action CSIP 03/06

This guidance sets out good practice in relation to making direct payments more accessible to people with mental health problems. It is intended to support the efforts that all local authorities, primary care trusts, mental health trusts and non-statutory providers of mental health services and support will wish to ensure that direct payments become a standard option within mental health services.

2.1.6 Vocational Guidance in mental health services DMP/DH 03/06

This guidance assists in the implementation of the National Service Framework for Mental Health, the Mental Health and Social Exclusion report, the Choosing Health White Paper, the Department for Work and Pensions’ Framework for Vocational Rehabilitation and the joint strategy of the Department of Health, Department for Work and Pensions and the Health and Safety Executive.

2.1.7 The Future of Mental Health

a vision for 2015 - LGA, Sainsbury Centre, NHS Confederation, Leaders in Social Care 01/06.

2.1.8 Green Light for Mental Health

A service implementation toolkit. Foundation for People with Learning Disabilities/ NIMHE June 2004.

2.1.9 Personality Disorder

No longer a diagnosis of exclusion. Policy implementation guidance for the development of services for people with a personality disorder. 01/03 NIMHE 2003.

2.1.10 Shift – Action on Stigma

Promoting mental health, ending discrimination at work. Best practice guidance – DH 10/06.

2.2 Local Factors

2.2.1 The Commissioning Environment

The commissioning of Adult Mental Health Services for the County is now to be undertaken by Nottinghamshire County Teaching Primary Care Trust, Bassetlaw Primary Care Trust, and Nottinghamshire County Council Department of Adult Social Care and Health.

2.2.2 Implementing the National Service Framework

The mental health services in the south of the County (that was co-terminus with the Nottingham Health Authority and later the NHCT Trust Boundary) had been delivered as a single service through a formal agreement with Nottingham City local authority to manage and deliver the Counties Social Work service. This continued from Local Government Review (LGR) until 2004. The return of the Social Work service to the County has been achieved successfully, creating a single Countywide Social Work service as part of the mental health services, providing teams that are co-terminus with local authority boundaries.

A wide range of new or re-configured services comprising a multi-disciplinary workforce to deliver the NSF targets has been achieved locally. These include the development of:

- Assertive Outreach Services
- Early Intervention in Psychosis
- Crisis Resolution Home Treatment teams
- Primary Care Liaison teams, and
- carer support services
- significant investment has been made into Community Forensic, Personality Disorder and Eating Disorder services

2.2.3 Partnerships

To ensure integrated provision of health and social care, management responsibilities have been delegated from the County Council to the Trust during the last two years. The further integration of management arrangements under formally devolved decision making and reporting arrangements will be considered further in the coming two years.

There are a wide range of partnerships that support the delivery of mental health services. Many aspects of service provision including service development and management groups involve a range of partnerships, some restricted to statutory agencies, many including multi-stakeholder representatives including service users, carers and external providers.

Newly established multi-agency groups have been established within the Nottinghamshire Health Care Trust to develop effective cross care group working practices and protocols between adult mental health, learning disability and older peoples mental health services. This work has already been undertaken between CAMHS and adult mental health services.

The PCT is required to collect information for inclusion on the mental health disease register, together with mental health prevalence data, this provides all agencies with key data to support service commissioning where individuals have long term conditions.

2.2.4 Substance Misuse Partnerships-Adults

We are engaged with the DAAT in commissioning, planning, developing, monitoring and reviewing any new Tier 4 Treatment services within the County. We will work with the DAAT towards

developing a model for National Treatment Agency recommended Regional Commissioning of residential rehabilitation placements, and be represented on the Regional Commissioning Group once formed.

The department provides advice and information for the Corporate Drugs, and Alcohol Harm Reduction Strategies, with a view towards partnership support for robust treatment services, focusing on priority communities and value for money service level agreements.

The council continue to fund rehabilitation placements for both drugs and alcohol, in both residential and supported housing settings. Accounting processes are undergoing changes to enable monies spent on drug and alcohol rehabilitation services to be separately calculated and monitored from 2006/7. If necessary, applications will be made to the Joint Commissioning Group for 'top up' funding for the Substance Misuse Community Care Budget allocation, in order to guarantee a rapid response to assessed needs.

We will continue to support and encourage a clear social work ethos and value base throughout substance misuse services, through professional advice, support and supervision for the council employees working within the service. We will continue to promote dual diagnosis skills by employing or training Approved Social Workers (ASWs) within substance misuse services and to encourage and support the development of social work skills around assessment and care management among other Substance Misuse services.

To support effective links between the mental health and drug and alcohol services, we will co-ordinate and enable the social care workforce to develop specialist social care lead roles alongside their generic duties as the original "balanced profile of health and social care staff" in community teams changes over time.

2.2.5 Mental Health and Wellbeing Action Plan

A countywide working group was established and has developed a Mental Health: Wellbeing and Inclusion Action Plan.

The key commissioning challenges are to:-

- challenge stigma and discrimination
- reduce bullying in school
- support employment for those with severe mental illness
- tackling inequalities in access to healthcare

This working group will need to support the delivery of the LAA mental health targets to increase the involvement of service users in second tier services in volunteering, education and employment by 5% each year for 3 years from the agreed baseline.

2.2.6 The Supporting People (SP) programme developments

This programme requires increased partnership arrangements to work across the health community. A pilot to support crisis teams will ensure we prevent avoidable delays to hospital transfers and increase the options available to service users with housing, support and sustainment needs. The longer-term benefits will be to also reduce in patient stays, admission and re-admission rates. The partnership will steer developments to increase service user choice of accommodation and support and alternatives to residential care.

3 CURRENT SERVICE PROVISION

3.1 Supporting People funded provision

Supporting People funding targeted at MH service users was a very significant proportion of mental health expenditure for 2006/07. Maintenance of this funding during a period of severe pressures on the Supporting People budgets was a result of positive partnership working with other key partners including key providers.

3.2 Community Care (non-residential)

We have re-focused some of the community care budget to provide low-level tenancy support services as an extension of the Supporting People funded services. This has enabled individuals with fluctuating needs to be provided with a service that responds speedily and seamlessly and with the minimum of administrative costs.

The information below 3.4.2 highlights the low levels of spending on home care services, Direct Payments and alternatives to residential services compared to other local authorities suggesting the need to evaluate our overall spending priorities.

The targets to increase Direct Payments whilst small have been achieved this year and the options to fund increased activities will be explored with partners and by promoting local champions within teams over the coming months.

3.3 Residential and nursing home placements

The number of placements made in this sector compared to other authorities is average or low, but placement costs are above average. There are 80 placements funded by the County, including out of county placements.

The Local Authority Market Analyser 2005-6 (LAMA) issued by CSCI identifies Nottinghamshire has fewer residential beds than the England average or comparator authorities.

The north and south of the County show variations in both the residential services provided within the Healthcare Trust and the independent sector provision that is a legacy of differing patterns of discharge and aftercare that evolved around the City and conurbation in the south and the two main hospital closure programmes in the 1980s.

There are more NHS continuing health care beds across the north and more private residential care beds across the south.

The funding that supports these services is by its nature in-flexible and as new patterns of service and needs emerge, re-shaping this provision needs to take place and is a major challenge if service users are to have greater choice.

There are 50 out of county placements in the county, however, of those only 6 high cost placements, which provide specialist services for individuals with Aspergers syndrome, high functioning autism and various organic brain disorders. Wherever possible, local placements have been made and more complex 24 hour support packages with accommodation are being provided as a preferred solution.

There is only one residential care home in the County for individuals with mental health needs, therefore most of the out of county placements are in the City of Nottingham or other neighbouring local authorities. A dedicated community care officer post has been allocated to support care coordinators review of residential care home residents to monitor service quality and cost and offer alternative care options where appropriate.

3.4 Assessment and Care Management Service

This includes Social Work and non-qualified Community Care staff within community based teams. Social Work services continue to be characterised by qualified Social Work posts (many of whom are Approved Social Workers), as members of health led multi-professional teams.

The LA expenditure comparative data below highlights how Nottinghamshire compares with a range of similar authorities. The table demonstrates a very significant proportion of total expenditure concentrating on the assessment and care management responsibilities (which includes mental health Act responsibilities).

The requirement to deliver greater service choice, access, diversity and equity across the county will require the workforce profile to be evaluated across the integrated services.

3.4.1 LA Expenditure comparison data DH 2005-6 (in thousands)

Local Authority	Total Including Supporting People	Day Care	Residential Care Homes	Nursing Care	Assessment and Care Management	Home Care	Direct Payments	Supporting People	LA Population 2004
Nottinghamshire	12872	1424	1610	502	4922	789	47	3578	767,800
Northamptonshire	15823	1731	4389	18	519	573	143	3802	646700
Lincolnshire	12023	2508	3483	1726	1979	36	23	1346	673500
Derbyshire	13625	156 (other services 4297)	2030	997	2390	812	30	2895	745400
Essex	22688	3649	6267	489	4345	738	602	5269	1330400
Leicestershire	8300	1174	1352	172	1617	315	153	1850	623900
Hertfordshire	17132	1687	5175	742	3368	1187	45	2691	1048200
Nottinghamshire total 8675 (excluding SP)									

3.4.2 Adult Mental Health - 2004 Total staff overview (per 100K pop)

LIT	Medical Staff	Nurses	Clinical Psychologists	OT's	Social Workers	Social Care Support and Development	Other Therapists
Derbyshire	10.23	90.39	3.67	10.21	14.15	45.12	13.05
Doncaster	15.03	88.46	1.17	4.88	12.69	39.31	11.72
Leicester City, Leicestershire and Rutland	16.20	145.25	5.91	14.82	12.35	31.35	23.27

Lincolnshire	15.61	149.29	4.78	8.86	14.77	28.77	9.19
North Lincolnshire	21.25	79.22	2.06	12.04	18.03	41.21	15.84
North Nottinghamshire	14.57	141.32	11.21	9.67	21.36	15.26	9.43
Nottingham (inc south Notts)	12.03	118.85	2.75	13.63	18.27	21.52	3.95
Rotherham	20.42	103.37	1.13	10.95	22.26	45.34	9.82
Total	14.33	119.07	4.38	11.14	15.88	32.69	12.40

Source Durham University Mental Health (national service mapping data base)

3.5 User and carer involvement, choice and control

The increased requirement to extend involvement, choice and control in mental health services is embedded into every aspect of service activity. The evolving Care Programme Approach (CPA) continues to ensure service users and carers participate meaningfully in the development and review of their care plans. All Social workers within Community Teams have undertaken training and promote the rights of service users and carers as part of their core skills/responsibilities.

We need to support the core skills of Social Care workers to provide a more distinct network of specialist social care support services. This would consolidate the role of social care workers as key to delivering involvement and choice.

The four main areas identified in “Our Choices in Mental Health” 2006 are:- life choices, a choice of how to contact mental health services, choices when having an assessment carried out and a choice of care options. The Life Choices model could support the process of providing a structured approach which has to be given a higher level of priority than it has now within the statutory services.

3.6 Day services

Service Reviews, National Guidance, Health Care Trust consultation process and PCT funding reviews are currently underway. All local authority day services have developed service modernisation plans over the last year in consultation with service users and carers reflecting local need.

4 ACHIEVEMENTS

4.1 Implementing the National Service Framework and Integrated Service Delivery

Over the last 4 years there have been significant developments in local service provision for adults with mental health problems, including:-

- new primary care workers – gateway/graduate
- early intervention service
- home treatment / crisis resolution services
- assertive outreach services
- primary care liaison and rehabilitation and recovery teams
- prison mental health workers
- community forensic service
- carer service co-ordinators and support workers
- STR workers (support, time and recovery)

The community mental health teams have single line management which could be either a social or health care professional and where appropriate, health and social care professional leads to maintain good professional practice and cross professional skills sharing.

4.2 Supporting Carers and Families

Two carer service co-ordinators have been established to meet the requirement in standard six of the National Service Framework. They have established a comprehensive information booklet and advice to care co-ordinators, carers and service users. The carer’s assessment process has been supported by the development of a jointly funded training programme for staff and initiatives across the county to deliver family/carers education.

Services to carers that have been developed include a carer breaks scheme funded by the Carers Grant, links to Primary Care Trust generic carer support workers, voluntary sector funded carer services and carer social activity support initiatives funded through the Adult Social Care and Health Prevention Grant.

A network of carer’s champions/link workers are developing to further increase the skills, knowledge and awareness of carer’s needs and services needed to ensure the increase of carers assessments continues, promoting a key social care activity is undertaken by all care coordinators.

Carers Assessments	2004-2005	2005-2006	2006 Apr-Dec
County North	55	64	52
County South	40	52	47
Overall Totals	95	116	132 (predicted)

The Joint Agency County-wide Carers Strategy and Action Plans have been developed and agreed and will be monitored through CPA audits, Local Carers Strategy Groups (multi-stakeholder forums) and yearly at a Carers Event. The LA and PCT’s have worked closely to develop carers local implementation groups and strategic planning forums, which include carers and third sector representatives is a key achievement and is driving LA and PCT commissioning priorities.

4.3 Maintaining and further developing a Social Care profile and ethos

The County Council are ensuring integrated services continue to benefit from the multi-disciplinary range of skill, knowledge and experience that assures quality and meets the diversity of the populations needs across health and social care.

We have maintained and improved support services to the newly emerged community teams to meet the needs of service users and carers.

This has included developments to community based support to promote independence, involving supported accommodation, tenancy support services, (See details of Supporting People funded expenditure in 3.4) residential and nursing home options, financial and debt advice from specialist welfare rights workers and the newly commissioned advocacy services.

A Supported Accommodation Strategy Group was initiated by the County and provided a multi-agency, Trust-wide strategic steer across this area of activity. This is currently being re-organised across City and County boundaries with key partners, including Supporting People representatives and service users.

Social Inclusion and well being are enhanced by effective support and pathways to education, volunteering and work, opportunities to access to ordinary community services and activities, avoid isolation and retain or develop meaningful social networks and family contact and day support services for individuals with enduring needs. There are a range of key statutory and third sector partners who support the delivery of many of these services. We continue to provide support, advice and funding to support recovery models of provision.

4.4 All Our Services Need to Reflect the Diverse Needs of the Community

We have been pro-active in identifying the needs of individuals from BME communities and those with sensory impairments alongside our partners. We are participating in or have established key working groups and action plans to respond to the needs of the BME community that need to be reflected across all commissioning activities. An Action Plan has been produced that will steer this process which will require the de-commissioning of some external services to ensure we are able to respond to needs.

Across Nottinghamshire 3 new Community Development workers (CDW's) are to be appointed in line with NSF targets. These workers will assess BME requirements for service improvement. CDWs are in place, working across North Nottinghamshire. A further worker is to be recruited within the voluntary sector.

It is expected that the recent large influx of, (mainly male) eastern European migrants to particularly, the Bassetlaw and Newark and Sherwood areas of the county will require a specific service response that responds to their unique needs. This may present significant new challenges to both Mental Health and Alcohol services in the near future.

4.5 Support, Time and Recovery (STR) workers

Achieving the CSIP targets in the north of the County was assisted by a successful bid to join an Accelerated Development Programme (ADP) to assist the implementation and receive some financial support to develop the training programme. The training programme and STR targets have been met across the County, with STR workers double the DH target.

4.6 Advocacy services

A comprehensive advocacy services review, consultation and service re-tendering was undertaken during 2004-5 led by the County SSD.

A newly specified service commenced on April 1st 2006 offering one to one advocacy services provided by paid advocates, targeting the most vulnerable groups. The service will prioritise those service users in second tier services on enhanced CPA, those who are or who have been detained under the Mental Health Act 1983, and those from BME communities or from other minority groups such as deaf service users.

The service specification was based on extensive service user, carer and staff consultation.

5 PERFORMANCE AND ACTIVITY

5.1 Total Number of Adult Mental Health Service Users (with open referrals during the period)

ADULT MENTAL HEALTH Total Number of Adult Mental Health Service Users during 2005/6 by CPA					
<i>Period: 01-Apr-2005 to 27-Feb-2006</i>					
PCT Name	Enhanced	Standard	Other / Not Recorded	Total	Percentage Enhanced
Broxtowe & Hucknall	141	309	620	1070	13%
Gedling	116	107	529	752	15%
Rushcliffe	96	65	690	851	11%
North Nott's	453	396	3969	4818	9%
Other PCTs	38	77	582	697	5%
Grand Total	844	954	6390	8188	14%

Source – Nottinghamshire Healthcare NHS Trust and Nottinghamshire PCT

5.2 Mental Health Profile

Mental Health Profile – April 2006 – source East Midlands Public Health Observatory and Nottinghamshire PCT (teaching) (columns 1-3 taken from East Midlands estimates 16-74 years) and relate to morbidity rates

Local Authority District	Neurotic Disorders	Probable Psychotic Disorders	Mental Health Register Count	Mental Health Prevalence
Ashfield	<u>13,242</u>	<u>404</u>	<u>436</u>	<u>0.5%</u>
Bassetlaw	<u>12,865</u>	<u>392</u>	<u>407</u>	<u>0.4%</u>
Broxtowe	<u>12,996</u>	<u>396</u>	<u>607</u>	<u>0.5%</u>
Gedling	<u>13,410</u>	<u>409</u>	<u>324</u>	<u>0.3%</u>
Mansfield	<u>11,572</u>	<u>353</u>	<u>350</u>	<u>0.4%</u>
Newark	<u>12,550</u>	<u>383</u>	<u>413</u>	<u>0.3%</u>
Rushcliffe	<u>12,630</u>	<u>385</u>	<u>454</u>	<u>0.4%</u>
TOTAL	<u>89,269</u>	<u>2,722</u>	<u>3,081</u>	

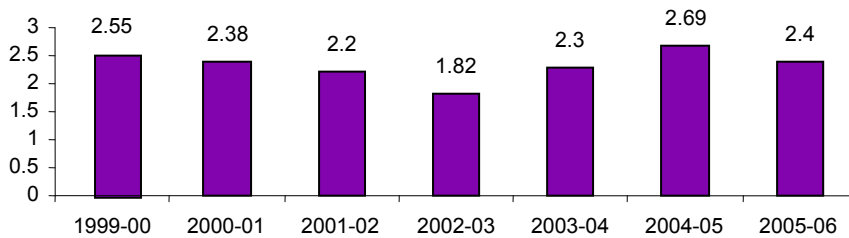
Source – East Midlands Public Health Observatory (EMPHO) and Nottinghamshire PCT

Nottinghamshire's social and health care community has not undertaken a comprehensive mental health needs assessment and will consider how to undertake such an assessment. EMPHO data estimates the morbidity rates locally above.

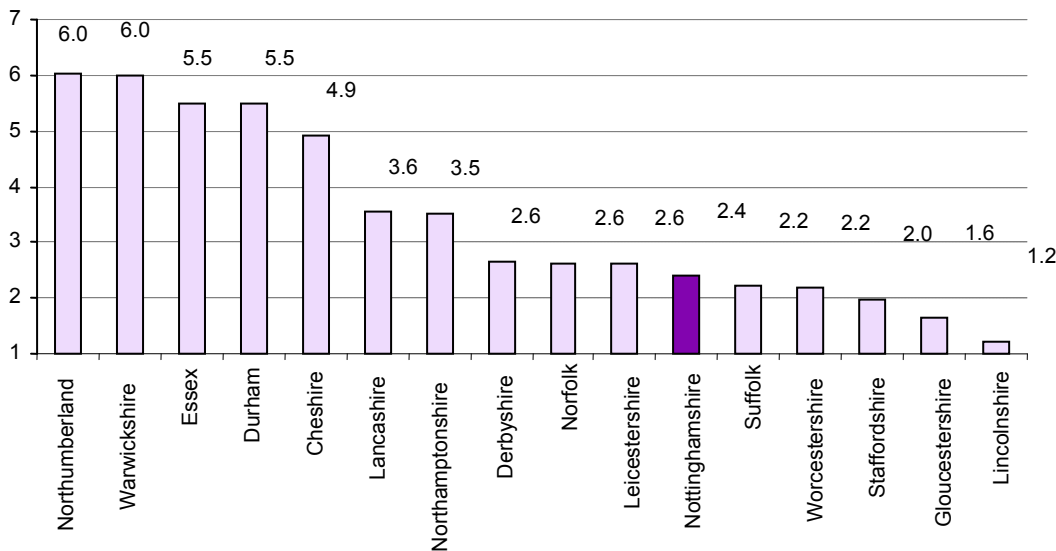
5.3 Helping people live at home

The PAF indicators below reflect a consistent improvement in the number of adults helped to stay at home from 2003.

PAF C31: Adults Aged 18-64 helped to live at home per 1000 population



PAF C31: Adults Aged 18-64 helped to live at home per 1000 population for 2005 06 compared to similar local authorities

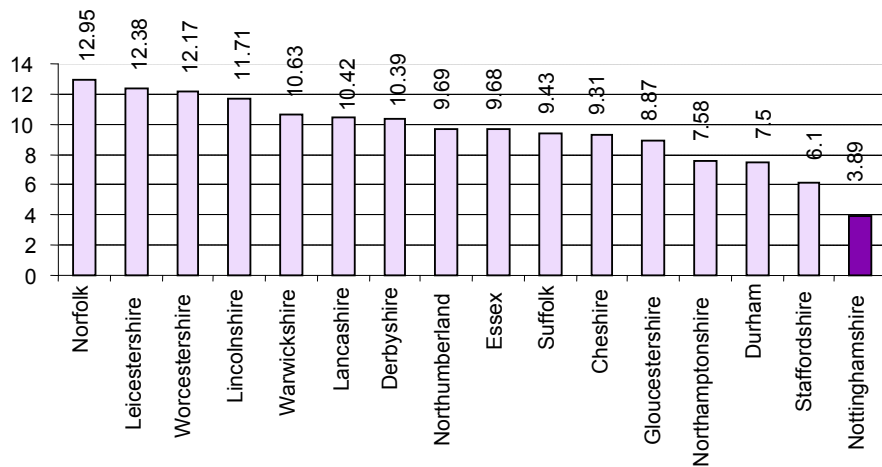


The figures demonstrate Nottinghamshire is serving fewer people at home than similar authorities. We are now making progress towards meeting the target within the Strategic Plan (target now 3 per 1000 population).

5.4 Emergency psychiatric re-admissions

These figures suggest that amongst a variety of factors, community based aftercare; including crisis intervention and ASW activity are having a preventive effect. Pilot schemes across all 7 crisis services are planned to second floating support workers funded by Supporting People grants, to target individuals at risk of a delayed transfer admission to in patient units or re-admission due to housing/support/debt issues.

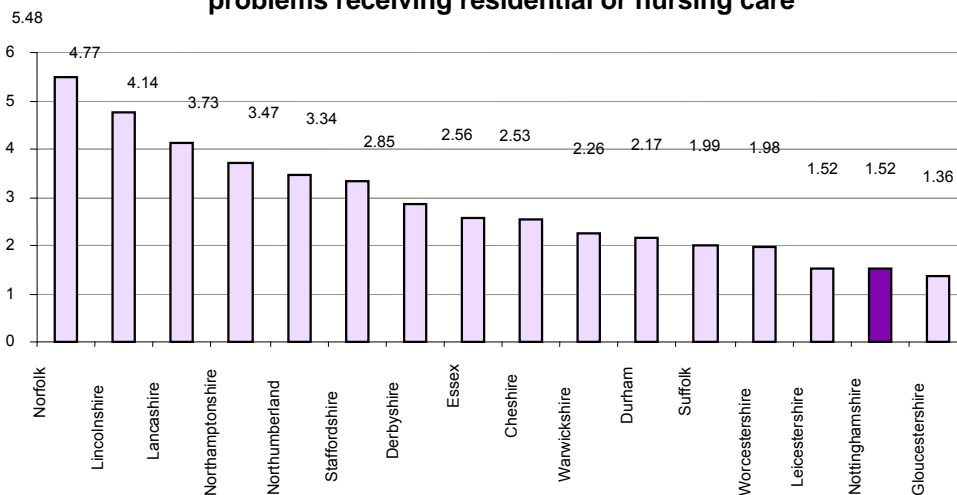
PAF A6 Emergency psychiatric re-admissions (including duplicate re-admissions) within 28 days of hospital discharge as a percentage of people aged 16-64 discharged from the care of a psychiatric specialist, 2004-05



5.5 Residential and Nursing Care

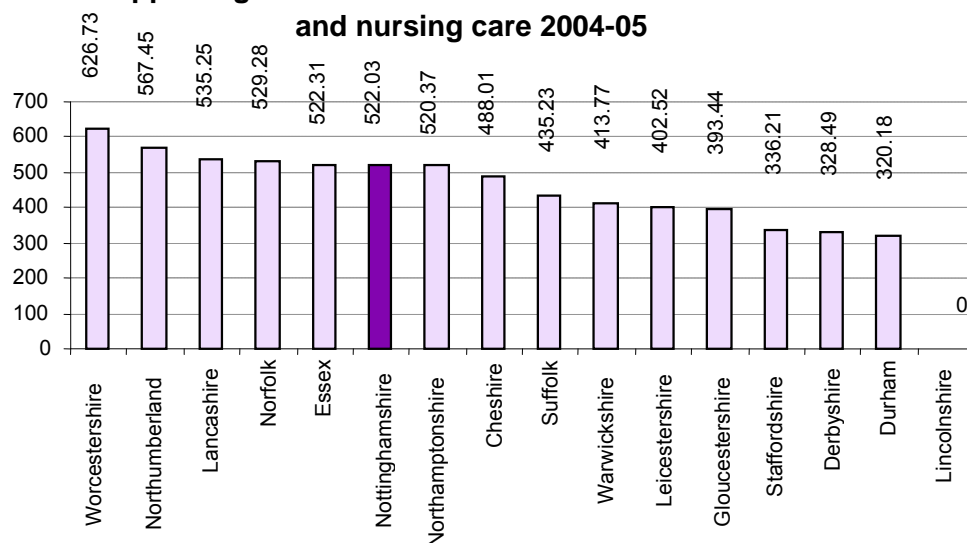
The following two tables demonstrate low levels of placement and higher than average costs per placement compared to other similar authorities. This requires more detailed analysis of costs and county-wide spending patterns within this sector to ensure payment levels reflect the market conditions and service quality provided. The mental health national rates of residential care placements increased by 4% between 2002-6 not reflected locally as the number of local residential homes reduced.

Long stay supported residents who have mental health problems receiving residential or nursing care



(source DH statistical survey)

Average gross weekly expenditure per person on supporting adults with mental illness in residential and nursing care 2004-05



5.6 ASW Activity Levels and Workforce Planning 2007-2010

2005-6 ASW Activity

	Population	No of ASW's	No of daytime assessments	Emergency Duty Team	Total
Ashfield	112000 - 30000 AMH 98000	16 (15.6 FTE)	56	8	64
Mansfield			62	15	77
Bassetlaw	108000	10 (9.5 FTE)	48	11	59
Broxtowe	108000 + 30000 (forAMH)	9 (6.5 FTE)	44	13	57
+Hucknall			12	7	19
Gedling	112000	9 (8.5 FTE)	42	20	62
Newark & Sherwood	106000	13 (10.7 FTE)	38	13	51
Rushcliffe	106000	8 (4.9 FTE)	51	11	62
Out of County (inc City)			14	4	18
Unknown			9	8	17
Total			376	110	486

To underpin smooth succession planning, contracts for new ASW appointments will be proposed across the Department to ensure that we maintain posts in key areas, Adult Mental health, 5 per District, Older Person's services current target of 14 across the Department will be reviewed to ensure specialist expertise maintained where needed and Learning Disability services plan maintain a target of 7 across the Department.

Children's Services now propose to have ASW's and one should be trained this year. Adult services ASW's will still support this service but the aim is for CAMHS to manage most of their ASW referrals within 3 years.

A Nottinghamshire wide Mental Health Bill implementation group will be set up with the PCTs, Notts NHS Healthcare Trust and both councils and LA responsibilities will initially be planned for and disseminated through this forum. The changes concerning deprivation of liberty (Bournewood) will also be discharged through this group.

5.7 Inspections and Assessments

- SSI/ Audit Commission Joint Review 2003
- PCT/LIT Autumn Assessment 2005
- Joint CSCI/HCC MH community care services review 2006
- Mental Health Act Commission Review 2006

The Joint Review 2003 considered the MH services were being delivered to a good standard; measures such as service user involvement, service quality and value for money were all aspects of the performance measures. The Joint Review commended the ASW service across the County.

North and South lead PCT's have been able to satisfy the SHA through the autumn self-assessment tool that a good proportion of the key targets were being met however, the carers support and community development posts have not been funded and the carer's assessment targets have not yet been met.

In May 2006 the Health Care Commission for Social Care Inspection carried out a joint review of Community Mental Health Services. This was a national review of all health and social care services for adults of working age with mental ill health.

It was the first joint review undertaken by the two inspection agencies and signals the way forward for a joining of the inspectorates as outlined in the White paper *'Our Health, Our Care, Our Say'*.

Nottinghamshire County Council were judged to be providing 'Good' services, the judgement categories being 'poor', 'fair', 'good' and 'excellent'.

Partners in the local health community were also judged as providing 'good' services in the South of the County and 'fair' services in the North of the County.

Issues that need to be addressed by both Health and Social Care commissioners, include:

- comprehensive directory of services
- information available to service users and carers
- the benefit of crisis houses as an alternative to in-patient care

The PCT autumn position statement provides progress update delivering the NSF and other key targets set by the DH using the traffic light method.

Green indicates a target has been met in full
 Amber indicates a target has been only met in part
 Red indicates the target has not yet been met

No	NSF TARGETS 2006	NORTH	SOUTH
1	Graduate workers	Green	Amber
2	Primary/secondary interface	Amber	Green
3	Crisis resolution	Green	Amber
4	Early intervention in psychosis	Green	Green
5	Secure places/intensive care	Green	Amber
6	STaR workers	Green	Green
7	Local Strategic Partnerships	Amber	Green
8	The Mental Health of People with Learning Disabilities	Amber	Amber
9	Vocational support	Red	Amber
10	Delivering Race Equality a) BME peoples services b) Implementing the policy of delivering Race Equality in Mental Health care c)Community Development Workers (BME communities)	Green Green Amber	Green Green Red
11	Co-ordination of age specific services	Green	Amber
12	Governance	Green	Red
13a)	Service user involvement	Amber	Amber
13b)	Carer involvement	Amber	Green
13c)	Not-for-profit sector involvement	Amber	Amber
14	Employment of service users	Amber	Amber
15	Suicide Prevention	Amber	Amber
16	Advocacy	Green	Amber
17	Mental health promotion- standard one	Amber	Amber
18a)	Specialist Services	Amber	Amber
18b)	Specialist services - Personality Disorder	Green	Green
19	Mental Health Act 1983 Section 135/136/places of safety	Amber	Amber
20	Improving access to psychological therapies	Red	Amber
21	Choice	Amber	Amber

6 FINANCE

6.1 Expenditure Table

	2005/06 £000	2006/07 £000	2007/08 £000
Assessment and Care Management	4,497	4,824	5,442
Nursing Care	802	759	737

Other Residential Care	1,501	1,829	2,101
Day Care	1,722	1,791	1,906
Home Care	503	494	835
Supporting People	3,444	3,452	3,633
Direct Payments	90	103	91
Gross Expenditure	12,559	13,252	14,745
Grants	-5,164	-5,311	-5,677
Other Income	-1,364	-1,671	-2,098
Net Cost to the Council	6,031	6,270	6,970

In 2007/08 the council has made £340,000 of development funding available to fund a range of community services for service users and carers.

6.2 Use of Mental Health Grant

Within the above expenditure, there is £1.725 million funded from the Mental Health Grant. This provides funding for many independent/voluntary/not-for-profit services, especially those across the day support services providing community link services in day services and community teams. The grant supports a range of carer services too.

In addition there are a range of other grants committed to mental health service users, Grant Aid, Carers Grant and Prevention Grant totalling approx £250,000 focusing on support that mirrors that outlined above.

6.3 Review of Independent Sector Schemes

e will be undertaking a more detailed review of all the above to build on the work already undertaken as part of the Day Service Review. This will ensure that we re-commission services that provide quality and good value, and meet the service priorities outlined in the Commissioning Strategy.

7 COMMISSIONING INTENTIONS

The specific commissioning intentions relating to mental health services are outlined below. They are categorised to reflect the departments overall commissioning intention as described in chapter one, the departmental strategic overview.

7.1 Developing and sustaining partnerships

Consider how the local strategic intentions across all the key agencies can be incorporated in commissioning strategies.

7.2 Developing Self Directed Care

To increase the choices available to service users and carers by providing better information, peer support, advocacy and service options. These should include Carers services, Direct Payments, more non-residential options, involvement in care plans, service planning and delivery and a new social care/inclusion network. Where possible people should be empowered to increase their control over any care plans to maximise independence.

7.3 Promoting Health and Well-being - engaging the community

To re-model Day services to provide opportunities that support the prevention of individuals from entering second tier services and re-integration of those in second tier services within the community. A high priority will be placed on re-focusing services away from social and recreational to vocational, including education, training, volunteer activity, supported employment and return to work.

7.4 From Exclusion and Inclusion

To support service users and carers to live in the most appropriate accommodation with the levels of support and care they need to maintain independence. To evaluate the range of options with statutory partners, to develop crisis accommodation, including partnerships, costs, benefits and risks.

7.5 Carers services

To raise the profile of carers needs within the workforce by improved awareness, training, support and access to services to offer both carers breaks, direct support and services to carers and good information and signposting to all carers identified by the CPA process.

7.6 Advocacy and Involvement

To support the development of new service user led services/ partnerships through pilot models that empower individuals and provide a wider range of non-medical service option.

7.7 Market Management

Developing a joint approach to commissioning health and social care with reference to practiced based commissioning in order to enhance choice, health and wellbeing, equity and access to local services consistent with jointly agreed priorities. The first stage of this will be to commission/undertake a joint comprehensive needs assessment with the PCT.

7.8 Diversity

We will continue to deliver race equality in mental health care by developing appropriate and responsive services, ensuring accessibility and appropriateness to all communities.

7.9 Quality and Performance

Maintain the councils ability to fulfil its MHA responsibilities. There will be significant changes to current legislation and the ASW role. The new Mental Capacity Bill and continued expansion of ASW activity and targets across other care groups will require continued specialist MH investment and development to maintain ASW numbers and quality.

To create a workforce that is fit for purpose. To achieve this, we need to work in partnership with the PCT and NHCT to develop a Workforce Plan that will support the changes needed to meet the needs of service users and carers, multi-agency service modernisation and limited resources.

People with a dual diagnosis should have access to integrated care across mental health and substance misuse services as highlighted in the DH policy and practice guide 2002. Services should have agreed service models, definitions, training and care guidance.

8 COMMISSIONING PLANS

The commissioning plans for mental health services are set out below. The layout reflects the strategic commissioning intentions of the Department set out in chapter one and the nine priority performance outcomes as defined by the Commission for Social Care Inspection (CSCI), which are also referred to in chapter one. They are also classified into three groups:

- A - intentions that have been funded with the Council's medium term financial strategy
- B – are those plans which the department will look to fund through efficiency savings, modernisation plans and within the existing departmental budget envelope
- C - are those plans which the department will wish to take forward with our partners in the longer term and may go beyond the life of this strategy

8.1 Developing and sustaining partnerships

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
B	Piloting and promoting new partnership service delivery models to ensure that Social Inclusion and Well-being services can be effectively delivered	Support developments that encourage a range of models and opportunities to emerge that support third sector partners. These partnerships will be more effective in identifying funding from external sources.	Choice and control/freedom from discrimination or harassment/quality of life

8.2 Developing self directed care

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
B	To provide Direct Payments to a minimum of 10 in year 1 and a minimum of 35 in year 2.	The PCT, NHCT and SSD will need to transform their commitments to these targets. Current funding to be reviewed in independent sector to assess how it meets priorities (excluding residential/nursing care)	Choice and control

8.3 Promoting Health and Well-being - engaging the community

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
B	The re-configuration of mental health day services from the traditional focus on social and recreational activities to provide education, vocational training, volunteering	The PCT, NHCT and SSD will need to transform their commitments to these targets and LAA funding to be considered via the partnership. Current funding to be reviewed in independent sector to assess how it meets priorities (excluding residential/nursing care)	Choice and control/freedom from discrimination or harassment/quality of life

8.4 From Exclusion to Inclusion

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
A	Re-model the assessment process where accommodation and support needs are considered. This would include re-organising continuing health care and residential care processes and panels, with our partners. Cost and quality of placements to be key element in process.	Reduction in overall residential /nursing care spend by up to 20% (subject to outcome of priority 4) over 3 years to support re-investment into alternatives by all commissioner and provider agencies. PCT contributions where appropriate should be maximised, subject to outcome of review.	Choice and control
C	Explore benefits of establishing crisis accommodation or an	The opportunities to secure both housing capital and SP	Choice and control

	alternative to in-patient care.	funding are limited, re-configuring NHCT residential provision is also an option identified by the SASG Accommodation Strategy.	
C	We need to re-shape existing provision to provide new models of accommodation and support to meet need and to offer greater choice without compromising quality.	The opportunities to secure both housing capital and SP funding are limited, re-configuring NHCT residential provision is also an option identified by the SASG Accommodation Strategy.	Choice and control/freedom from discrimination or harassment/quality of life

8.5 Carers services

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
A	To increase the number of full carers assessments undertaken by 25% in years 1 and 2.	To increase and secure longer-term funding to support promotion activities, including the existing prevention grant option. To continue to support cross-agency funding and development of staff/carer training plans. CPA Audit and changes to recording will support delivery.	Choice and control
B	Extending the range of carers services to include further expansion of carer support workers or additional funding for carers breaks and a better access to mainstream community services.	The funding for additional services needs to reflect the emerging priorities in the multi-agency Carers Strategy and Local Action Plans. Additional CCSB allocation to support.	Choice and control/personal dignity and respect

8.6 Advocacy and involvement

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
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A	To increase service user involvement, choice and control at all levels of activity. Supporting the development of a Trust wide Involvement Strategy, Advocacy service, CPA Audit and continued support of carer and service user support and self-help networks.	Reinvestment of current expenditure as part of the Day Service Modernisation and Social Inclusion and Wellbeing Action Plan. The outcome of the PCT funding review may present a financial risk in the future.	Choice and control/improved quality of life/leadership
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8.7 Managing the market

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
A	To undertake a cost activity analysis over the next 18 months across all county placements in residential and nursing care to investigate the low levels of placement and higher than average costs per placement compared to other similar authorities (detailed in tables earlier)	This will be undertaken as part of the routine review processes and as part of the proposed changes to managing placement requests and continuing care resources and will involve all key agencies from existing resources. The work will be supported by a new post in the south	Choice and control/commissioning
B	Market analysis of providers of mental health services funded either by the LA or Supporting People is needed to deliver the service re-design to support the day service modernisation, carer's strategy/action plans, residential review, direct payments development and social inclusion action plan. We need to identify the number of service users employed by independent providers/voluntary sector	Initial funding has been identified for 3 months contracts officer time to scope some market issues related to day service modernisation. A full-time Contracts Officer post is to be identified to support this activity	Commissioning

8.8 Diversity

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
B	The actions and recommendations from the County Adult Social Care and Health qualitative survey of black and minority ethnic service users should be implemented.	Day service modernisation and delivery of Direct Payments should support the delivery of a diverse range of services.	Choice and control/freedom from discrimination or harassment/quality of life

8.9 Quality and performance

	Commissioning Intention	Resource Implications	Link to CSCI Outcome
A	Maintain acceptable social care standards that deliver agreed activities, e.g. child care issues, adult abuse and community care budget spending.	The resources currently available will continue to fund this activity.	Choice and control/improved quality of life/Leadership
B	The continued incompatibility of the two main IT systems requires further investment and consideration to manage its impact on service quality and safety until systems can be merged.	To explore options for funding staff or using dedicated staff support from both agencies IT services.	Leadership

9 WORKFORCE IMPLICATIONS

9.1 Workforce structure and core skills within the integrated services

Social Work should be recognised as making a unique contribution to integrated mental health services with its own professional codes and contribution.

This can encompass both being agents of change and champions of the social care/social inclusion agenda and supporting health staff in developing social perspectives. The role underpins the recovery model, supporting people to find their own solutions.

9.2 Training needs and challenges

The development of the Ten Shared Capabilities underpins the whole of mental health workforce training and overlaps with core social work competencies. This reflects the merging of

professional values within integrated teams/services that has been evolving for many years in mental health services and supports the continued relevance of the social care role at the heart of MH services.

The main imperatives for 2007-2008 adult social care mental health training plans are:

9.2.1 Provision and retention of adequate numbers of competent approved social workers which includes a re-approval programme

A consultation paper and process on ASW workforce planning occurred over summer and autumn 2006. The decline in ASW's nationally is not reflected in Nottinghamshire, however, the capacity could be affected without careful management.

With a population of 750,000 people and generally agreed ratio of one ASW per 11,5000, the local figure of 65.2 matches our present FTE figure. The low ratios in other LA's will be costly to improve due to training costs. However, the cost of maintaining ASW's has also increased. The benefits from this ratio may be reflected in our low re-admission rates outlined in this strategy.

Target numbers of ASWs

	1990's Target (WTE)	Present Number	New Targets (WTE)
Mental Health	28	42	35
Forensic	Incl in MH	3.5	2
Learning Disability	7	2	7
Older People	14	12	14
EDT	6	5	6
TOTAL	55	70 (64.4 FTE)	64

9.2.2 Workforce planning in relation to modernisation of services.

- the STR targets. Induction completed 2006-7 and NVQ qualification remain in progress
- appropriate training for staff affected by changes in day care service provision –pending service plans
- maintaining the social work/social care perspective in integrated management. One event arranged for 2006-7. ASW leads providing local forums

9.2.3 Training relating to services for black and minority service users

Both the Trust and local authority provide a range of diversity training opportunities. There are now a trust wide equalities and diversity committee and adult mental health forums where we can address other training requirements especially linked to the Bennett enquiry and DRE.

A two day course on Cultural Competence for other Adult Social Care and Health responsibilities including:

Safeguarding child protection – can be met through induction and training provided

- role of appropriate adults
- working with interpreters
- IT skills and Framework
- FACS

9.3 Training priorities 2007-2008

Given that we have many actions for 2007-2008, we have to prioritise as follows. These priorities do not indicate that social inclusion and modernisation etc are of lesser importance but recognise that these processes do not yet have clear training requirements to be included in this year's targets:

- maintain a competent and sufficient ASW workforce
- the Legislative Change agenda
- integration and joint planning with the Trust

9.4 Review of Workforce

Within the new community teams there is now an emerging need to consider how far the current workforce meets the needs and service priorities emerging from the modernisation/social inclusion agenda. The social work service provides a key part of the multi-professional workforce, however, there are conflicting demands to deliver more diverse practical support services that promote choice, Promoting Health and Well-being - engaging the community and recovery. This requires a different skills mix as well as new provider and service delivery models such as DP's and service user led services. We need to undertake a workforce review across both community and day services with the Trust and PCT's to support the modernisation of services. There needs to be a more strategic approach to workforce planning that further extends across wider partnerships to include housing, independent and the voluntary sector who offer services to the wider community.

The professional profile of the workforce within the mental health service suggests that Nottinghamshire has one of the highest percentages of social workers and ASW's nationally. However, there is an opportunity to utilise this well-trained specialist workforce to provide a robust social care framework/network from which mental health services can support the modernising of services outlined in this paper. Supporting greater choice and involvement for service users/carers requires the social care workforce to develop this social care network to drive change, support healthcare workers and the newly emerging social inclusion and wellbeing services, as well as maintaining their care-co-ordination role and a quality ASW service.