



London Borough
of Hounslow

NHS
Hounslow

West London Mental Health **NHS**
NHS Trust

ADULT MENTAL HEALTH JOINT COMMISSIONING STRATEGY 2008/2011



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EXECUTIVE SUMMARY

This strategy outlines key national and local priorities for adult mental health and the commissioning actions required. Key objectives include achievement of outstanding National Service Framework¹(NSF) targets and the social inclusion agenda.

The strategy is written in an environment that includes a number of key considerations that will impact on the commissioning of services over the next three to five years:

- the likelihood of any new money for mental health services is minimal and demand for services is continuing to grow.
- in common with other long term conditions, there will be a trend toward self care and self responsibility for care;
- demand is likely to grow for care and treatments that do not require the intervention of specialist mental health services;
- the capacity and capability of primary care needs to grow and
- practice-based commissioning may affect the market for mental health providers.

Key issues will be:

- the development of primary care;
- refocusing of day services and activity;
- the range of accommodation available locally;
- the impact of new types of treatment and
- the redesign of care pathways.

The priorities for commissioning over the next three years will include:

- development of, and support for, primary care mental health services in order to intervene early, prevent the escalation of ill health and minimise the use of secondary care;
- implementation of a strategy to increase access to employment opportunities for service users;
- agreement on, and implementation of, a joint strategy on provision of day services, including the Day Hospital, which focuses on recovery, social inclusion and vocational outcomes;
- further work to fill identified gaps in the range of accommodation available, thereby preventing and allowing repatriation of out of Borough placements and allowing discharge, or moving on, of people who spend longer than necessary in hospital or in accommodation with levels of support that are higher than is necessary;

¹ Department of Health *A NSF for Mental Health 1999*

- further development of early intervention services in Hounslow;
- a greater availability of psychological therapies;
- development of protocols for access to services outside Hounslow;
- fast repatriation of emergencies that occur away from home and
- work to deliver the ten high impact changes in mental health.

To achieve these priorities will require close working between the commissioners and all providers, in particular West London Mental Health Trust (WLMHT).

The Hounslow Plan² sets out the Council Executive's vision and priorities up to 2010. Its objectives include a higher priority for mental health.

Our Health, Our Care, Our Hounslow³ (the overview of Joint Commissioning Strategies in Hounslow) indicates that part of the financial strategy for 2007-10 will be to "seek over the 3 years to increase the share of total funding for adult and older people's mental health services by reducing the proportion of available funding spent on other care services."

² London Borough of Hounslow *People, Pride and Performance The Hounslow Plan, 2006 - 2010* (December 2006)

³ Hounslow PCT, Hounslow Housing & Community Services *Our Health, Our Care, Our Hounslow An overview of Joint Commissioning Strategies 2007-10* (in preparation)

CHAPTER ONE – THE POLICY CONTEXT

1.1 Our common purpose

This strategy is one of a range of adult care group joint commissioning strategies being developed and published simultaneously. It should be read in conjunction with *Our Health, Our Care, Our Hounslow*, which gives an overview of the joint commissioning strategies and the current commissioning environment.

Together, these documents form a joint statement of intent between Hounslow Primary Care Trust (PCT), and Hounslow Council's Housing and Community Services (HCS) Department for the years 2008-2011.

While this is a strategy that focuses on Adult mental health there are elements where it is relevant to refer to Children's services. Firstly some elements of Children and Adolescent Mental Health Policy are set out to show the importance of whole systems thinking. Secondly Early Intervention Policy and services recognises that people benefit from early specialist mental health input to achieve best outcomes. Finally there are important issues relating to transition from Children and Adolescent services to Adult services that again lead to beneficial outcomes for service users.

1.2 The vision for mental health

Our vision is to achieve improvement in mental health outcomes and mental wellbeing for adult residents of the London Borough of Hounslow. We are determined that all of the organisations involved will achieve increased partnership and integrated working. Services will be diversified, made more accessible and personalised so that service users have equity of access and maximum choice.

The vision will be realised by use of the best mental health public health data available locally knowing that this is an area which is harder to model than for probably any other condition.

1.3 Our values

The Government's *Mental Health NSF*⁴ set out, in 1999, ten guiding values and principles to help shape decisions on service delivery. As values, these are no less real now than then.

To state them: "People with mental health problems can expect that services will:

- involve service users and their carers in planning and delivery of care;
- deliver high quality treatment and care which is known to be effective and acceptable;
- be well suited to those who use them and non-discriminatory;
- be accessible so that help can be obtained when and where it is needed;
- promote their safety and that of their carers, staff and the wider public;
- offer choices which promote independence;

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- Be well co-ordinated between all staff and agencies;
- deliver continuity of care for as long as this is needed;
- empower and support their staff and
- be properly accountable to the public, service users and carers.”

It is anticipated that the way in which services are delivered will change considerably over the life of this strategy and an additional value should be that attention must be paid to the wider needs of people with mental health difficulties. Agencies needs must come together and provide personalized care.

This must include physical health care as well as all the agencies who contribute to social capital (especially employment and housing). People with mental health problems, should be empowered to know about and choose from a range of treatment options, based on research evidence. They must also be enabled to maximize personal options and make their recovery.

It is the task of commissioners, providers and the community to commit themselves to working with service users and carers in an equal partnership to achieve this.

1.4 National policy for adult mental health

1.4.1 National Service Framework

The NSF⁵ remains a key local operational driver for year on year mental health service delivery. In reviewing progress⁶ after the first five years of the NSF, the Government’s mental health “czar”, Louis Appleby said that direction has been re-cast “towards patient choice, the care of long-term conditions and improved access to services”.

The focus is shifting from the needs of those with a severe and enduring mental illness to the promotion of mental health for that group within their own community. For the whole community the new focus is on:

- primary care provision
- the provision of psychological therapies
- carers
- those with dual diagnosis (mental health problems complicated by substance misuse).

This new focus recognises that patients with very complex needs may still require very specialist services, but it charges those involved in commissioning and delivering those services to make sure they are, as far as possible, as near to home as possible.

1.4.2 Social exclusion and mental health

⁵ A 1999

⁶ Department of Health *The National Service Framework for Mental Health – Five Years On* (2004)

A 2004 report by the Social Inclusion Unit about *Mental Health and Social Inclusion*⁷ pointed out that those suffering mental distress find themselves excluded from many aspects of life that others take for granted – from jobs, family support, proper health care and community life. The report focused on two key questions – first, what can be done to enable adults with mental health problems to enter and stay in work and secondly, how adults with mental health problems secure equal opportunities for social participation and access to all other services and facilities as the general population.

The move away from dependency and towards independent living is reinforced by the 2006 Green Paper on Welfare Reform⁸, which placed a particular emphasis on moving people off benefits, and has swiftly been followed by a Welfare Reform Bill⁹ which is soon to become law.

1.4.3 Health care outside hospital

The 2006 White Paper, *Our health, our care, our say*¹⁰ set out a “radical new direction” for health and social care services. The new strategic directions are entirely consistent with the service values for mental health to which Hounslow subscribes:

- more services in local communities closer to people’s homes
- supporting independence and well-being;
- supporting choice and giving people a say;
- supporting people with high levels of need and
- a sustained realignment of the health and social care system.

The White Paper confirms a vision set out in the earlier Green Paper, *Independence, Well-being and Choice*¹¹ and includes as a goal more support for people with long-term needs. “People with long-term conditions will be supported to manage their conditions themselves with the right help from health and social care services.”

The means of achieving these improvements include:

- practice based commissioning;
- shifting resources into prevention;
- more care undertaken outside hospitals and in the home;
- better joining up of services at the local level;
- encouraging innovation and
- allowing different providers to compete for services.

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⁸ HMSO (Cm 6730) *A new deal for welfare: Empowering people to work* (January 2006)

⁹ Stationery Office *Welfare Reform Bill (As Amended In Grand Committee)* (March 2007)

¹⁰ HMSO (Cm 6737) *Our health, our care, our say: a new direction for community services* (January 2006)

¹¹ HMSO (Cm 6499) *Independence, well-being and choice: our vision for the future of social care for adults in England* (March 2005)

*Our health, our care, our say: making it happen*¹² was published by the Department of Health (DH) in October 2006. It provides an update on progress on implementation to date against these goals, and a brief forward look to the next stages. It also provides a “road map” for implementation as a resource for local partners with tools available to support implementation (see overview document *Our Health, Our Care, Our Hounslow*¹³).

Very relevant to mental health is the 2006 publication *Supporting people with long term conditions to self care*¹⁴, which explains how health and social care services can support self care through a range of elements at a local level, including self care information, self monitoring devices, self care skills education and training and self care support networks. These elements could be provided by a mix of providers, including private and voluntary sector agencies. Delivering a self-care support package will entail training of professionals and practitioners to raise their own self care awareness and skills.

When people self care, and are supported to do this, they are more likely to:

- experience better health and well-being;
- reduce the perceived severity of their symptoms, including pain;
- improve medicines compliance;
- prevent the need for emergency health and social services;
- prevent unnecessary hospital admissions;
- have better planned and co-ordinated care;
- remain in their own home;
- have greater confidence and a sense of control and
- have better mental health and less depression.

1.4.4 Choice

“We will give patients more choice” was a 2001 Government manifesto pledge and this agenda was taken further by a 2003 White Paper *Building on the Best*¹⁵. In the foreword the Secretary of State said, “at the heart of the challenge for modern public services is the provision of a high quality service which meets the individual needs of an increasingly diverse population whilst also being underpinned by the values of fairness and equity we all hold in common.”

Choice presents particular challenges and opportunities in the mental health field. In 2006, the National Institute for Mental Health In England (NIMHE, part of the Care

¹² *Our health, our care, our say: making it happen* (October 2006).

¹³ Hounslow PCT, Hounslow Housing & Community Services *Our Health, Our Care, Our Hounslow An overview of Joint Commissioning Strategies 2007-10* (in preparation)

¹⁴ *Supporting people with long term conditions to self care – a guide to developing local strategies and good practice* (February 2006)

¹⁵ (Cm 6079) *Building on the Best- Choice, Responsiveness and Equity in the NHS* (December 2003)

Services Improvement Partnership (CSIP)) set out four areas where people want more choice in mental health¹⁶:

- life choices – choices people make so they manage their own care and maintain their normal lives as far as possible;
- a choice of how to contact mental health services – people need to know how they can get in touch with services so that they can choose the way that suits them best;
- choices when having an assessment carried out – being able to choose a time and a place where that should happen and
- a choice of care options – a range of suitable care options to choose from and the information needed to make their own decisions.

In November 2006, CSIP also published a summary of national findings based on the themed review which all local implementation teams were required to make in 2005¹⁷.

1.4.5 Payment by Results

Payment by Results (PbR) aims to support NHS modernisation by paying hospitals for the care they provide thereby rewarding efficiency. As the DH freely admits¹⁸, as yet no other country has been able to implement this type of system for national mental health services. It is, however, the DH's aspiration to introduce a payment by results system for mental healthcare in line with the general PbR implementation timetable of 2008-09¹⁹.

1.4.6 Practice Based Commissioning

At its simplest, practice based commissioning (PBC) is about GP practices taking on delegated indicative budgets from their PCT, to become more involved in commissioning decisions for their patients. By building upon practices' knowledge of their patients, it is designed to deliver a higher standard of patient care through improved commissioning, the redesign of services and the more efficient use of resources. The practical implementation is described in the DH documents.^{20 21}

¹⁶ CSIP *Our Choices in Mental Health - a framework for improving choice for people who use mental health services and their carers* (November 2006)

¹⁷ CSIP *Mental Health NSF Autumn Assessment Choices in Mental Health Themed Review: summary of key findings* (November 2006)

¹⁸ *Payment by Results – Mental Health Factsheet No. 1* (November 2005).

¹⁹ *Payment by Results – Mental Health Factsheet No. 2* (July 2006).

²⁰ *Practice Based Commissioning: Practical Implementation* (November 2006)

²¹ *Practice based commissioning: An introduction for a local authority audience* (September 2006).

1.4.7 Mental Health Act 2007

The new Mental Health Act 2007²² received Royal Assent on 19 July 2007. The 2007 Act amends the 1983 Act and:

- introduces “deprivation of liberty safeguards” through amending the Mental Capacity Act 2005;
- extends the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004;
- brings a consistent redefinition of “mental disorder” and new criteria for detention tests;
- identifies new professional roles;
- introduces supervised community treatment orders;
- places a duty on the appropriate national authority to make arrangements for help to be provided by independent mental health advocates;
- introduces new safeguards for patients.

The current intention is to implement the main body of its provisions in October 2008²³.

1.4.8 Mental Capacity Act

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. Parts, including the establishment of an independent mental capacity advocacy service, came into force in April 2007. From the start of October 2007 the remaining provisions of the Act became law.

The MCA^{24, 25} explains how to deal with situations where someone is unable to make decisions for themselves – someone who lacks capacity. The Act protects people who lack capacity and gives guidance to anyone who cares for someone without capacity.

²² HMSO *Mental Health Act 2007* (November 2007)

²³ CSIP *Mental Health Bill 2007: Commencement Plan*

²⁴ Department for Constitutional Affairs *Mental Capacity Act Summary* (2006)

²⁵ Department for Constitutional Affairs *Mental Capacity Act Easy Read Summary* (2006)

The new Act is also relevant to unpaid decision makers, such as carers. Carers are not expected to be experts in assessing capacity, but must hold a “reasonable belief” that the person they are caring for lacks the capacity to make a particular decision.

1.4.9 Safeguarding adults and children

Hounslow is committed to working in partnership to ensure the safety and effective risk management of adults and children who may be at risk from abuse and/or neglect.

Hounslow aims to ensure that people who access services have a right to live a life free from abuse, neglect and discrimination

A multi agency Safeguarding Adults procedure is in place to ensure there are appropriate procedures to address physical, sexual, psychological, financial or material and discriminatory abuse and acts of neglect or omission. All providers are expected to adhere to the principles and procedures laid out within this.

Whilst this strategy focus's on vulnerable adults the Council and Primary Care Trust expect all providers to be mindful of the risks to children and to forge appropriate links with the Councils Child Protection Team.

1.4.10 Delayed transfers of care

Following the success of health and social care partners in reducing delayed transfers of care in acute services, the DH has set up a project to consider the practical steps, support materials and policy levers (including reimbursement) to secure effective discharge practice in non-acute and mental health services.

From April 2006, weekly Situation Reports (SitReps) have been extended to include a requirement to report delayed transfers of care in all mental health NHS trusts. Any attempt to improve discharge practice is dependent on robust data to establish the scale of delays and the basis for action. Good practice for discharge guides are currently being produced by CSIP²⁶.

1.4.11 Quality Outcomes Framework

The Quality Outcomes Framework (QOF)²⁷ which helps determine the remuneration of general practitioners includes outcomes for mental health. The indicators used are:

- registers of people with severe long term mental health problems;
- percentage of these registered patients with a review recorded in the preceding 15 months (review to include prescribed medication, physical health and co-ordination with secondary care) and
- three indicators relating to the review of patients on lithium therapy.

²⁶ Source: DoH website

²⁷ British Medical Association *Quality and outcomes framework guidance* (August 2004)

The 2006 amendment to the QOF introduced an updated mental health clinical domain, a new domain for depression and a new domain for dementia. Guidance for primary care clinicians was provided by CSIP²⁸, to enable clinicians to deliver high quality, evidenced based, essential services.

The mental health changes give greater clarity about which group of patients this domain relates to and the type of care that is expected to be provided. The conditions included are schizophrenia and bipolar depression, as well as people with a psychotic disorder.

Other indicators include:

- the regular review of people with the above conditions, especially reviewing their physical health;
- the documentation of an agreed care plan and
- ensuring that those who fail to attend for review are assertively followed up.

The indicators for lithium are unchanged.

The new depression domain implements NICE guidelines (see below). There are two indicators:

- to case-find people with diabetes or ischaemic heart disease who also suffer from depression and
- the structured assessment of the severity of the depressive disorder by using one of three validated questionnaires.

1.4.12 NICE guidelines

The NICE guidelines²⁹ describe a stepped care approach to the management of people with Depression (see Figure 1). The type of intervention offered needs to be tailored to the severity of the disorder.

Figure 1 The stepped model of care for depression (NICE guidelines)

²⁸ Care Services Improvement Partnership (CSIP) *Best Practice Guidance for Primary Care Staff using the Mental Health Domains in the QOF* (September 2006)

²⁹ National Institute for Clinical Excellence (NICE) *Clinical Guideline 23 - Depression: management of depression in primary and secondary care* (Dec 2004)

Step 5: Inpatient care, crisis teams	Risk to life, severe self-neglect	Medication, combined treatments, ECT
Step 4: Mental health specialists including crisis teams	Treatment-resistant, recurrent, atypical and psychotic depression, and those at significant risk	Medication, complex psychological interventions, combined treatments
Step 3: Primary care team, primary care mental health worker	Moderate or severe depression	Medication, psychological interventions, social support
Step 2: Primary care team, primary care mental health worker	Mild depression	Watchful waiting, guided self-help, computerised CBT, exercise, brief psychological interventions
Step 1: GP, practice nurse	Recognition	Assessment

PCTs have been told to offer computerised cognitive behavioural therapy (cCBT) packages by 31st March 2007^{30, 31}. The cCBT forms part of the self-help package of treatment options for common mental illness (step 2) offered to people with mild and moderate depression. Packages titled *Beating the Blues (BtB)* are for people with mild and moderate depression and *FearFighter* for people with panic and phobia.

The NICE Guidelines for Anxiety³² also suggest cCBT as a self-help option.

1.4.13 Dual diagnosis

Policy guidance on Dual Diagnosis³³ indicates that it is the responsibility of both the Local Implementation Team and Drug and Alcohol Action Team to ensure that the policy guidance is implemented.

The Good Practice Guide advocates mainstreaming, that is the delivery to this patient group of quality patient-focused integrated care within mental health services. It sets out eight policy requirements as follows:

- local services must develop focused definitions of dual diagnosis which reflect local patterns of need and clarify the target group for services;

³⁰ National Institute for Mental Health in England *Choices in Mental Health* (web page)

³¹ Department of Health *Further Directions to Primary Care Trusts and NHS trusts in England concerning Arrangements for the Funding of Technology Appraisal Guidance from the National Institute for Health and Clinical Excellence (NICE)* (2006)

³² National Institute for Clinical Excellence (NICE) *Clinical Guideline 22: Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care* (Dec 2004)

³³ Department of Health *Dual Diagnosis Good Practice Guide* (2002)

- these definitions must be agreed between relevant agencies;
- where they exist specialist teams of dual diagnosis workers should provide support to mainstream mental health services;
- all staff in assertive outreach teams must be trained and equipped to work with dual diagnosis;
- adequate numbers of staff in crisis resolution, early intervention, community mental health teams and inpatient services must also be suitably trained;
- all health and social care economies must map services and need;
- small and time limited local project teams including mental health and substance misuse specialists working to the LIT should prepare the focused definition together with care pathways and clinical governance guidelines;
- all services, including drug and alcohol services, must ensure that clients with severe mental health problems and substance misuse are subject to the Care Programme Approach and have a full risk assessment.

The Health Advisory Service³⁴, in 2001 proposed 54 evidence-based standards, which mental health services should achieve.

1.4.14 Mental health and learning disabilities

The NSF for Mental Health³⁵ applies to all adults of working age. A person who has a learning disability and a mental illness should therefore expect to be able to access services and be treated in the same way as anyone else.

Similarly, the White Paper Valuing People³⁶ emphasizes that mainstream services should be accessed by people who have a learning disability in the same way as the rest of the population. It makes specific reference to the mental health needs of people with a learning disability.

The green light toolkit³⁷ paints a picture of what good mental health support services for people with learning disabilities look like, and gives a way of assessing how well local services measure up to it.

There are two parts to the toolkit. The first part is the guide to using the tools, the second part contains a set of tools, covering a self assessment checklist; a survey of

³⁴ Health Advisory Service *Substance Misuse & Mental Health Co-morbidity (Dual Diagnosis); Standards for Mental Health Services* (2001)

³⁵ A 1999

³⁶ Department of Health *Valuing People: a new strategy for the 21st Century* (2001)

³⁷ Valuing People Support Team (DoH) *Green light - how good are your mental health services for people with learning disabilities?* (June 2004)

in-patient experiences; a survey of community support experiences, and a survey of carers' experiences.

1.4.15 Personality disorder

Since publication of NIMHE Personality Disorder Policy Guidance³⁸ and Capabilities Framework³⁹, discussions continue at a national and local level on how best to develop local and specialist services to meet the growing demands of this cohort of patients.

Policy seeks to:

- assist people with personality disorder who experience significant distress or difficulty to access appropriate clinical care and management from specialist mental health services;
- ensure that offenders with a personality disorder receive appropriate care from forensic services and interventions designed both to provide treatment and to address their offending behaviour;
- to establish the necessary education and training to equip mental health practitioners to provide effective assessment and management.

1.4.16 Foundation Trusts

NHS foundation trusts are a relatively new type of NHS organisation, established as independent public benefit corporations. They are free from central government control and from strategic health authority performance management. NHS Foundation Trusts are:

- accountable to local people, who can become members and governors;
- free to innovate for the benefit of their local community and patients;
- able to decide for themselves what capital investment is needed in order to improve their services;
- free to retain any surpluses they generate and to borrow in order to support this investment.

West London Mental Health Trust (WLMHT) had been pursuing an application to become an NHS Foundation Trust. The DH has, however, decided that at this stage none of the three mental health trusts in England which provide high secure services can go forward as Foundation Trusts.

WLMHT, together with the other two Trusts affected, is continuing to explore the options now open to it.

1.4.17 Ten high impact changes in mental health

³⁸ NIMHE *Personality disorder: No longer a diagnosis of exclusion* (Jan 2003)

³⁹ NIMHE *Personality Disorder Capabilities Framework – Breaking the Cycle of Rejection* (2004)

In June 2006, the NIMHE launched the Ten High Impact Changes for Mental Health Services⁴⁰. This followed the launch of the NHS Modernisation Agency's 10 High Impact Changes for Service Improvement and Delivery in 2004⁴¹.

The high impact changes are the ten areas of service improvement in mental health that have the greatest positive impact on service user and carer experience, service delivery, outcomes, staff and organisations. They are:

- treat home based care and support as the norm for the delivery of mental health services;
- improve flow of service users and carers across health and social care by improving access to screening and assessment;
- manage variation in service user discharge processes;
- manage variation in access to all mental health services;
- avoid unnecessary contact for service users and provide necessary contact in the right setting;
- increase the reliability of interventions by designing care around what is known to work and that service users and carers inform and influence;
- apply a systematic approach to enable the recovery of people with long term conditions;
- improve service user flow by removing queues;
- optimise service user and carer flow through the service using an integrated care pathway approach and
- redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.

1.4.18 Local Area Agreements (LAAs)

LAAs set out the priorities for a local area agreed between central government and a local area (the local authority and local strategic partnership) and other key partners at the local level.

LAAs simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances. Through these

⁴⁰ National Institute for Mental Health in England *Ten High Impact Changes for Mental Health Services* (June 2006)

⁴¹ NHS Modernisation Agency. *10 High Impact Changes for service improvement and delivery* (2004)

means, LAAs are helping to devolve decision making, move away from a 'Whitehall knows best' philosophy and reduce bureaucracy.

The Local Government White Paper *Strong and Prosperous Communities*⁴² published in October 2006 set out fundamentally different arrangements for local area agreements. New LAAs will no longer be an add-on to the multiple national performance frameworks under which local authorities operate - they are replacing them.

The new arrangements^{43, 44} are based on a stronger role for local authorities to lead their communities, to shape their areas and with other local service providers to innovate and respond to local needs.

LAAs will continue to be three-year agreements with priorities agreed between all the main public sector agencies working in the area and with central Government. A good LAA should ensure there are the systems in place to be sure of wide agreement about what should happen. The major changes are being made in 2008 with the remaining architecture of the new performance framework in place by 2009. There will be:

- more emphasis on area based service delivery
- more freedom in spending decisions
- fewer central targets and reporting systems

The passage of the Local Government and Public Involvement in Health Act⁴⁵ places a statutory requirement on the local authority to develop an LAA and places duties on named partners to co-operate with the authority. Councils will also be able to agree local targets with partners that will not need to be reported to central government but which will have the same status as targets negotiated with central government.

1.4.19 NICE Guidance

The National Institute for Health and Clinical Excellence has published the following clinical guidelines with a mental health or behavioural relevance. Clinicians and health professionals need to take note of these guidelines as being best practice (guidelines currently being developed have been excluded).

- Antenatal and postnatal mental health
- Anxiety
- Bipolar disorder
- Dementia

⁴² Department for Communities and Local Government (Cm 6939-I) *Strong and prosperous Communities - The Local Government White Paper* (October 2006)

⁴³ Department for Communities and Local Government *Strong and prosperous Communities The Local Government White Paper – Making it Happen; the implementation plan* (January 2007)

⁴⁴ Department for Communities and Local Government *Strong and prosperous Communities The Local Government White Paper – the implementation plan one year on* (November 2007)

⁴⁵ OPSI *Local Government and Public Involvement in Health Act* (2007)

- Depression
- Depression in children and young people
- Drug misuse: opioid detoxification
- Drug misuse: psychosocial interventions
- Eating disorders
- Obsessive-compulsive disorder
- Post-traumatic stress disorder (PTSD)
- Schizophrenia
- Self-harm
- Violence

Completed public health intervention guidance

- School based interventions on alcohol
- Smoking cessation
- Substance misuse
- Workplace smoking
- Workplace mental health

1.5 Hounslow policy for mental health

1.5.1 Previous mental health strategy

The most recent comprehensive local policy document for mental health was the *Mental Health Commissioning Strategy for 2005/2008*, published by the Hounslow Social Services and Health Partnerships and Hounslow PCT in May 2005⁴⁶. It identified the following commissioning intentions:

- ethnically sensitive services - a better understanding of needs, including refugees and asylum seekers, on which to base future commissioning;
- gender sensitive services - a women's day service (women only days as a minimum);
- addressing housing needs – 8-10 units for people with high needs and the development of floating support;
- supporting employment - a Mental Health Employment Task Group would examine employment needs and how they can be met in order to promote social inclusion.
- day services and activity - commissioning to focus on independence, social inclusion, meaningful activities, people wishing to return to work, re-training in a mainstream setting;
- service user involvement - the service user involvement project to be re-commissioned from the voluntary sector;

⁴⁶ Hounslow Social Services and Health Partnerships *Mental Health Commissioning Strategy for 2005/2008* (2005)

- working in partnership with carers - written care plans for the carers of people on enhanced CPA to be the first priority;
- mental health support in primary care - annual physical checks for people with severe mental health problems, self-help interventions, a review of psychological therapies;
- acute in-patient beds - a whole system review of admissions, length of stay and discharge, with continuing care and accommodation requirements, plus the provision of female intensive care services;
- West London forensic psychiatric service - to commission appropriate services for people with personality disorder and women and
- prison mental health services - to address the serious capacity issues in the mental health services in Feltham Young Offender Institute (FYOI).

Many of the above intentions are still relevant and a number are yet to be completed. These intentions are carried forward and updated in the new strategy.

1.5.2 Mental health and social inclusion

The Local Strategic Partnership (LSP) is the high level board for making joint decisions in Hounslow. It brings together key leaders, from the police, fire, council, ambulance, health, businesses, leisure etc. and has agreed that mental health and social inclusion is a priority for the partnership.

An Employment Task Group has been established and has considered the social inclusion agenda, mapped both the provision of resources and unmet need across the borough and developed a written guide to local provision. Proposals for developments in 2006/07 have been drafted.⁴⁷

1.5.3 Care outside hospital

A paper⁴⁸ prepared for the HCS Senior Management Team uses a DH framework to assess Hounslow's position in relation to the guidance in the 2006 White Paper *Our health, our care, our say*, highlighting the next steps for the local community. It indicates good progress in the Borough including the following, which have significant relevance for mental health services:

- an *Empowering Disabled People to Work Strategy* is in place;
- a substantial framework of user and carer involvement is in place;
- there is a commitment to protecting mental health services from financial pressures and

⁴⁷ Housing & Community Services Department, London Borough of Hounslow *Empowering People To Work - Report of Empowering People to Work Strategy Reference Group* (in preparation)

⁴⁸ Cath Attlee *Our health, our care, our say: making it happen in Hounslow* (January 2007).

- counselling services have been re-provided more equitably across the Borough

Work in progress, or to be tackled, includes:

- ongoing reductions in avoidable hospital admissions;
- the development of physical health checks for people with mental illness;
- a review of rehabilitation and intermediate care services;
- a Telecare Strategy for older people is to be extended;
- primary care is developing alternative models of care;
- development of practitioners with a special interest in mental health;
- establishment of a joint health and social care team to support those with long term conditions and
- work on a new compact to revitalise the voluntary sector in the Borough.

Best practice guidance⁴⁹ will be used to support the development of primary care mental health services in Hounslow. It supports the management of mental health as a long term condition and builds on primary care mental health work plans already agreed. PCT restructuring will provide greater links between commissioning and Quality Outcomes Framework (QOF) teams. This will improve support for GPs to enable them to meet QOF mental health requirements, thus enhancing the services they provide to their patients.

1.5.4 Choice

In the Autumn of 2005, local services were asked to show how they were providing, or planning to provide, choice as a “themed review” - part of the Mental Health NSF Autumn Assessment. Hounslow’s return⁵⁰ indicated the following.

Promoting & Supporting Life Choices:

- investment in the user involvement project and user employment programme have highlighted the need to consolidate a framework for the support, development and employment of services users;
- the local authority’s direct payments scheme will be further supported by the introduction of vouchers and
- provision of psychological therapies being reviewed to improve equity across the local population.

Accessing & Engaging with Service Users:

- a wide range of information supporting people to access services and
- user and carer advocacy being reviewed to provide choice, quality and equity across the borough.

⁴⁹ Care Services Improvement Partnership (CSIP) *Best Practice Guidance for Primary Care Staff using the Mental Health Domains in the QOF* (September 2006)

⁵⁰ Hounslow LIT: *Our Choices in Mental Health - improving choice for people who use mental health services* (December 2005)

Assessments:

- explore practical ways of developing service users to shape the assessment process and
- need to ensure that good practice is adhered to in all carers assessments.

Choice of Care Pathways:

- choice of care options sensitive to the ethnicity of individuals should include specialist commissioned services and dedicated counselling services for minority groups/individuals.
- the introduction of cognitive behaviour therapy through a wide range of alternative therapies;
- choice in the provision of care could be developed further to extend community placements and the commissioning of non statutory providers and
- choice is currently available through direct payments and vouchers.

Making choice integral to services in order to support personalised mental health services is a priority.

1.5.5 Practice Based Commissioning

PBC is now established in Hounslow with primary care working to redesign care pathways and improve services⁵¹. The majority of practices are now working in one of two clusters to develop their ideas, supported by the Local Medical Committee. Indicative commissioning budgets have been identified for Hounslow practices for them to allocate on behalf of their patients. The PCT are developing reporting systems to help GPs understand the financial effect of referrals and treatment decisions.

In future years practice based commissioning plans are likely to be more ambitious and involve resources currently employed in secondary care. This may alter the balance of services and resources commissioned from primary and secondary care.

During 2008/2009 practices will be provided with information on their use of mental health services, including primary care counselling. This will help to inform their future mental health commissioning decisions.

1.5.6 Mental Health Act

A presentation⁵² compiled by a Hounslow service manager sets out the challenges and opportunities presented by the legislation.

Transition issues include:

⁵¹ Hounslow Primary Care Trust *Commissioning Intentions 2007-08* (2006)

⁵² Martin Reynolds *A Quick Guide to the recent conference on Implementing the Mental Health Bill* (2007)

- the recruitment and training of responsible clinicians and approved mental health practitioners;
- use of mentors for non-medical staff who are becoming responsible clinicians;
- pay scale disparities (including local authority and Agenda for Change) and
- employment by local authority whilst performing approved mental health practitioner duties.

1.5.7 Mental health promotion and suicide prevention

In 2004, Hounslow PCT, London Borough of Hounslow and WLMHT joined forces to prepare, and consult, on the intentions of mental health promotion. This will be revised and rewritten, in 2008, as part of the early phase of delivering this strategy.

In 2006, Hounslow PCT, WMUH, and the London Borough of Hounslow combined to produce the Hounslow Suicide Prevention Strategy 2006 - 2010⁵³. A steering group, chaired by WLMHT, is overseeing implementation of this and must continue to deliver a full Annual Report to the Local Implementation Team.

1.5.8 Dual diagnosis strategy

In Hounslow clinical Substance Misuse Services are provided by Central & North West London Mental Health Trust (CNWL). West London Mental Health Trust (WLMHT) provides Mental Health Services. Many other stakeholder organisations have important roles in providing care and services to users with dual diagnosis.

Both Mental Health Services and Substance Misuse Services subscribed to the London Development Centre Dual Diagnosis Network. This informs on policy and holds forums for joint learning.

In 2006, a local project team constituted as recommended in the Good Practice Guide began work to build the Hounslow local service dual diagnosis plan and a local strategy was approved by the Hounslow Local Implementation Team⁵⁴.

Figure 2 Severity of Problematic Substance Misuse⁵⁵.

⁵³ Hounslow PCT, LB Hounslow, West Middlesex University Hospital *Hounslow Suicide Prevention Strategy 2006 - 2010* (October 2006)

⁵⁴ Hounslow Local Implementation Team *Hounslow Dual Diagnosis Strategy* (2007)

⁵⁵ Kenneth Minkoff *SAMHSA's Report to Congress on Co-occurring Disorders* (2002).

HIGH	HIGH / HIGH
<p>e.g. a dependent drinker who experiences increasing anxiety</p> <p>QUADRANT 3</p>	<p>e.g. an individual with schizophrenia who misuses cannabis on a daily basis to compensate for social isolation.</p> <p>QUADRANT 4</p>
<p>e.g. a recreational misuser of “dance drugs” who has begun to struggle with low mood after weekend use</p> <p>QUADRANT 1</p>	<p>e.g. an individual with bi-polar disorder whose occasional binge drinking and experimental misuse of other substances de-stabilises their mental health</p> <p>QUADRANT 2</p>
LOW	HIGH

Severity of Mental Illness

Within this quadrant model, the specialist focus for dual diagnosis is quadrant 4. The users whose issues fall into quadrant 1 will usually have services located in primary care, quadrant 2, in mental health services and quadrant 3, in substance misuse services.

1.5.9 Mental health and learning disabilities

A protocol⁵⁶ has been agreed between the learning disability and mental health services in Hounslow for the care of people who have needs arising from the combination of having both a learning disability and mental health problems. Their primary need may relate to either their learning disability or their mental health problems and they may be supported by mental health services, learning disability services or both services. The protocol clarifies the operational arrangements between the two services to ensure service users are seen efficiently and supported from both or either service as appropriate. It stresses that it is essential that access to services remains seamless and local through a single gateway.

The document places particular stress upon:

- services being integrated as far as possible into local generic services;

⁵⁶ London Borough of Hounslow, West London Mental Health Trust, *Adult Mental Health & Learning Disability Protocol* (December 2007)

- ease of access;
- developing coherent and consistent care pathways;
- individualised assessments and care packages, including care plans under the Care Programme Approach process;
- an emphasis on prevention;
- the needs for good working relationships with primary care services;
- partnership agreements between agencies;
- an increasing role for service users and carers;
- evidenced based practice;
- effective data gathering and monitoring and
- providing assessment and intervention at home or in the least restrictive environment.

All service users to whom this protocol applies will be supported within the framework of the Care Programme Approach (CPA). The care co-ordinator may be a member of the learning disability or adult mental health team, depending upon need.

The Green Light Toolkit⁵⁷ provides a self-assessment in the form of a traffic light rating system. Hounslow, Hammersmith & Fulham, and Ealing mental health and learning disabilities services completed the self-assessment in 2007.

Local health and social services commissioners from the boroughs of Ealing, Hammersmith & Fulham, and Hounslow held a planning day on 6th February 2008. The purpose was to understand local key priorities in more detail, identify some of the barriers and consider local solutions to take work forward, and develop borough improvement plans for joint mental health and learning disability working.

Initial plans of action specific to each borough were produced, plus a cross-borough plan of action that the three boroughs will work in partnership to achieve⁵⁸.

1.5.10 Personality disorder

Hounslow PCT commissions specialist services for people with personality disorder through the North West London Forensic Consortium, South London and Maudsley and South West London and St. Georges contracts. A recent review⁵⁹ suggested that in the longer term the Joint Adult Continuing Care and Placement panel allocate resources to meet the needs of individual patients including those with personality disorder.

The development of treatment of borderline personality disorder illness has been led by West London Mental Health Trust who have proposed the development of a Managed Clinical Network. The Trust has identified an immense amount of expertise across the organisation in regard to borderline personality disorder clinical activity,

⁵⁷ Valuing People Support Team (DoH) *Green light - how good are your mental health services for people with learning disabilities?* (June 2004)

⁵⁸ LBH/HPCT *Briefing paper prepared for Hounslow Mental Health LIT to discuss local developments regarding the Green Light Toolkit* (March 2008)

⁵⁹ LBH/HPCT *Review of Personality Disorder Plans in Hounslow* (2007)

covering the spectrum of primary care, CMHT, day services, inpatient and forensic services.

The aim is to bring together the different elements of the wider treating network in a systematic and integrated pathway of care. The Trust proposal includes the need for strong clinical leadership and an accountability framework.

1.5.11 Early intervention in psychosis

Early intervention psychosis is a priority for implementation of the NSF. Hounslow PCT is currently waiting confirmation of the revised numbers of cases to meet a prescribed target. To increase the number of new cases West London Mental Health Trust has reviewed referral and treatment pathways and is working to increase awareness of the service to mental professionals. Hounslow PCT will continue to monitor the service against the Policy and Implementation Guidance, and introduce service changes through the commissioning process.

CHAPTER TWO – MENTAL HEALTH NEEDS IN HOUNSLOW

2.1 Population profile

In Hounslow, the total adult population (18-64) was 140,200 in 2004 according to the Office for National Statistics ⁶⁰(ONS). The Greater London Authority (GLA) estimates for 2004 are 145,400 ⁶¹. In this strategy we have used the ONS figures to help determine the prevalence of needs of people with mental health problems in Hounslow.

Hounslow's population is particularly noteworthy for the proportion of young adults. 35.4% were aged 20-39 at the 2001 Census⁶², compared with the 32.1% average for Outer London. Hounslow also had a lower proportion of over 65s than average: 11.5%, as against 13.9% for Outer London as a whole.

Hounslow's population is very diverse. At the 2001 Census, 34.9% were from black & minority ethnic (BME) communities. The BME proportions differed by age group, with a higher percentage of children and a lower percentage of older people in the total. It is predicted that BME numbers will continue to grow across all age groups.

Population projections by the GLA⁶³ suggest that by 2010 some 43.5% of adults aged 18-64 will be from BME communities. The projections suggest that the largest increase will be among Asian groups, estimated to grow from 29.7% in 2004 to 33.1% in 2010. However, there is also a projected increase in the 'Other' category, from 3.9% to 5% over the same period, indicating a widening diversity of the population and a greater number of languages spoken.

People have been arriving in the Borough from a growing variety of countries and backgrounds. A significant number are refugees and asylum seekers. Some of these have been the victims of wars and conflict, sometimes resulting in post traumatic stress disorders or other mental health difficulties, which can be combined with physical injury or illness.

2.2 Mental health in Hounslow

2.2.1 Estimated prevalence

Mental Illness is usually categorised as:

- severe and enduring mental illness (SEMI) this includes schizophrenia and bipolar disorder;
- common mental illness(CMI): this includes a range of conditions such as depression/anxiety and obsessive compulsive disorder.

⁶⁰ Office of National Statistics *Mid Year Census 2004*

⁶¹ Greater London Authority *Greater London Demographic Review 2005* (2006)

⁶² Office for National Statistics *Census 2001 Key Statistics for local authorities in England and Wales* (2003)

⁶³ Greater London Authority Data Management and Analysis Group *Briefing 2006/11 Borough and Sub-Regional Demographic Profiles* (March 2006)

The following table gives a rough estimates of the numbers of people likely to have mental health problems in the Borough. (These rates are calculated for the local population from national prevalence data sampled from GP practices).

Figure 3 Estimated prevalence of mental illness (SMI & CMI) in Hounslow

	National % female	Hounslow Females	National % male	Hounslow Males	National % persons	Hounslow All
SMI population	6.12	7,019	3.36	3,749	4.75	10,748
- schizophrenia & related disorders	8.81	618	14.94	560	10.96	1,178
- bipolar affective disorder	2.91	204	4.10	154	3.33	358
- depressive disorder in last year	37.81	2,654	30.05	1,127	35.09	3,771
- neurotic disorders	48.92	3,433	43.91	1,646	47.16	5,069

Source: <http://www.primis.nhs.uk/pages/prevalence07/smiss.asp>

According to the national Psychiatric Morbidity Survey⁶⁴, in 2000, one in six adults in Great Britain had a neurotic disorder (such as anxiety and depression), while one in seven had considered suicide at some point in their lives. One in 200 had a psychotic disorder such as psychosis and schizophrenia.

The most common mental disorders were: mixed anxiety and depression (7% for men, 11% for women), anxiety (4% for men, 5% for women) and depression (2% for men, 3% for women). All neurotic disorders were more common in women than men except for panic disorder which was equally common in both sexes.

Psychiatric disorders and suicidal attempts were more likely to occur in people facing socio-economic disadvantage: that is people with unskilled occupations or who were unemployed, who lacked formal qualifications, who were renting accommodation from a local authority or housing association, who were living alone or were separated or divorced.

2.2.2 Suicide and undetermined injury

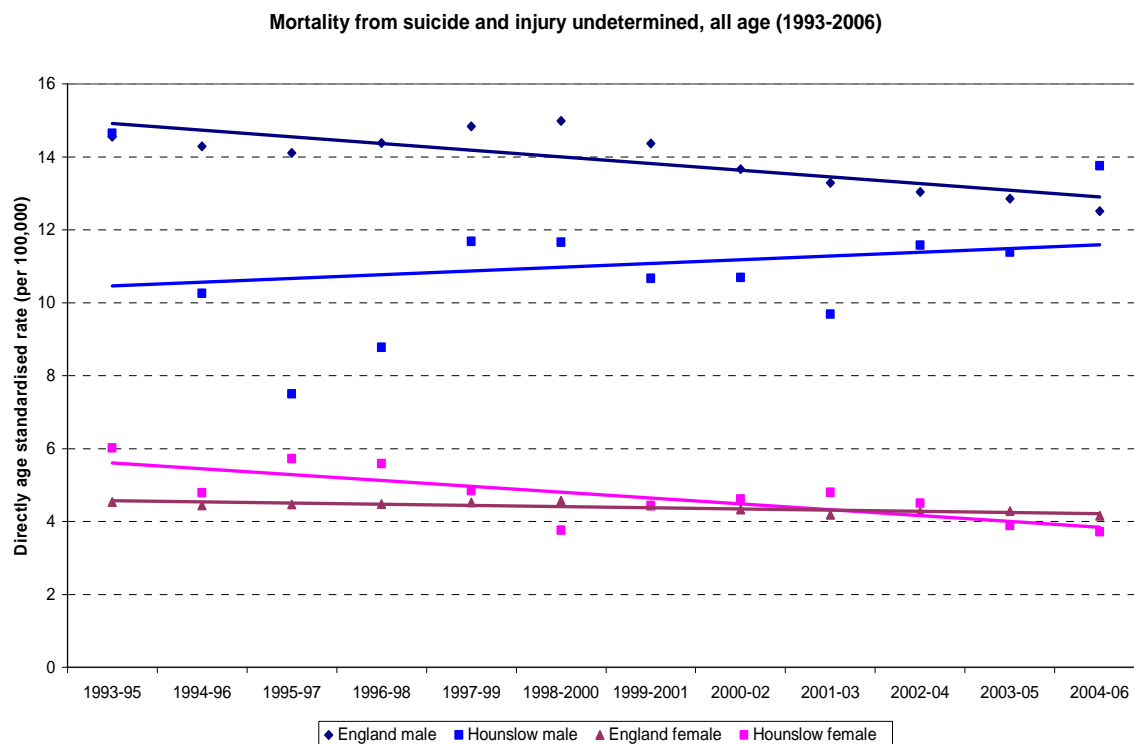
Suicide is a significant public health issue and represents one of the few objective measures of the mental health status of a population. The government has set a national target to reduce the death rate from suicide and undetermined injury by at least one fifth by the year 2020.

Figure 4 shows the trend for suicide and injury undetermined, from 1993-95 to 2004-06 for males and females in both England and Hounslow.

⁶⁴ Office for National Statistics *Surveys of Psychiatric Morbidity among Adults in Great Britain* (January 2006)

In the Borough of Hounslow there are fewer male deaths, whereas, resulting from suicide in women is the same as that for England. The suicide rate in Hounslow is rising slightly in males and reducing slightly in females.

Figure 4: The trend in mortality by suicide and injury undetermined 1993-2006 for males and females in England and Hounslow



As can be seen the trend in mortality from suicide and injury undetermined in Hounslow is rising slightly in males and reducing slightly in females. The mortality rate for males in Hounslow is less than the average for England, and the mortality rate for females is approximately the same as that for England.

Figure 5: Comparing mortality rates from suicide and injury undetermined across local areas

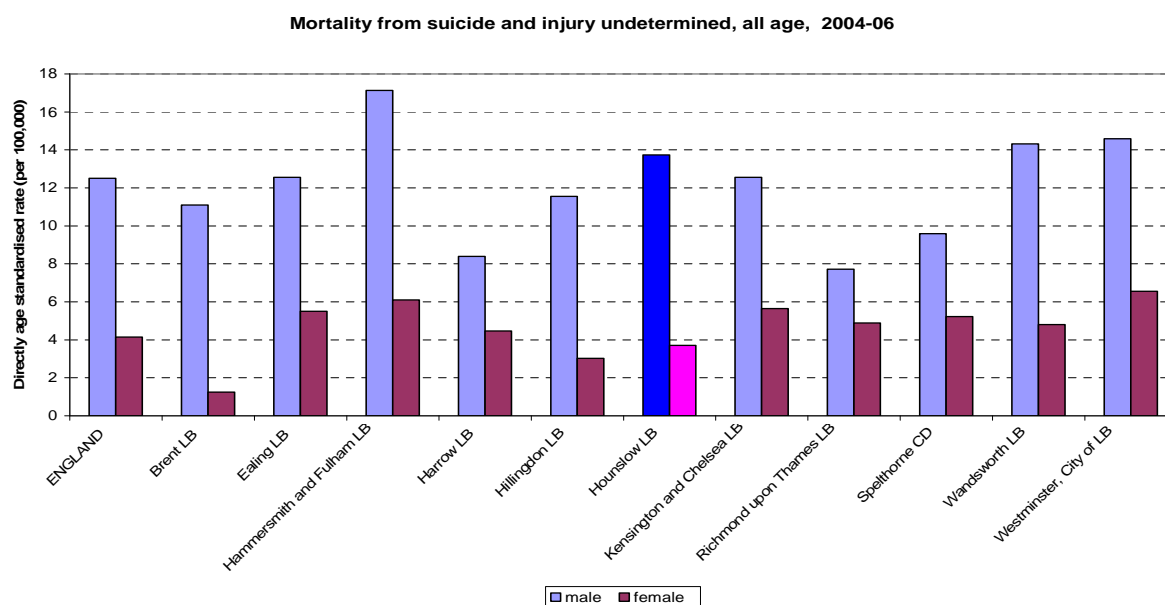


Figure 5 shows the three-year pooled mortality rate from suicide and injury undetermined for the period 2004-06. The three year pooled rate for males and females in Hounslow is similar to the England average.

2.3 Current health and social care needs

2.3.1 Day activity and employment

There are a number of barriers preventing people with mental health problems sustaining their role in society. Only 24% of adults with long-term mental health problems are in work⁶⁵ - this contrasts with the near 80% of individuals in, for example, modern early intervention in psychosis teams, who are maintaining work or education. It is believed that, with the right support, many more individuals with significant mental health problems would be able and would like to work, but low expectations of what people with mental health problems could achieve sometimes prevent gaining employment being an early and key objective. Unemployment is associated with worsening mental health.

A refocusing of day activity to promote recovery and social inclusion and to provide meaningful day opportunities, including paid and voluntary work, remains a priority. In the past two years good progress has been made with the voluntary sector and two new employment posts have recently been agreed (see Achievements, section 3.3.1).

Agreement on a step down system for day services that focuses at every level on vocational outcomes is required. The potential constituent parts of such a system are in place:

- at the pinnacle should be the Day Hospital, focusing on a small number of complex cases but concentrating on moving them on;
- Canal House provides days services for people on enhanced CPA and
- the voluntary sector provides the majority of day care (at the Star Centre, Open Door, TASHA, and now Number Ten) and is becoming increasingly oriented towards social and vocational outcomes – a process that will be encouraged and developed further.

What is required is joint sign up to the way forward with close co-operation between WLMHT day services, those provided by the LBH or those provided by other organisations. An agreed strategy and clear care pathways are required, agreement on who should take the lead on ensuring these are implemented and adequate monitoring systems to ensure this happens.

The contribution of the Day Hospital to promote recovery and social inclusion and thereby help to prevent re-admission needs to be clarified as are its links to, or dialogue with, community services, and the cost per case.

⁶⁵ Office of the Deputy Prime Minister *Mental Health and Social Exclusion* (June 2004)

London councils have reported a wide range of initiatives to help people with mental health problems into work or maintain them in work⁶⁶. These include projects with local businesses and voluntary groups; partnerships with colleges and other training providers; the appointment of employment support workers and strengthening the role of the councils and partners as 'exemplar' employers. Councils are increasingly using modernisation of day services as a vehicle to put these initiatives in place.

2.3.2 Mental health in primary care

National studies indicate that 90% of mental health conditions are treated in primary care but we do not currently have the evidence that this is the case in the Borough of Hounslow.

In evidence to the Government Strategy Unit, Richard Layard⁶⁷ asserts that mental illness should be the next priority target for action, both in the social context and at the personal treatment level.

There is a need for a further wave of improvement in NHS mental health services. Although evidence-based NICE guidelines recommend the options of psychological therapy and drugs for all serious mental illness, at present people with mental health problems do not have access to the range of evidence-based psychological therapies.

The Department of Health has acknowledged patients complaints on the lack of psychological therapy, and further findings from GPs stating they are forced to prescribe medication for patients who have depression or anxiety because waiting times for proven psychological therapies are too long.

The Improving Access to Psychological Therapies Programme (IAPT), launched by the Health Secretary⁶⁸, will expand the availability of psychological services by providing the investment to train 3,600 therapists. The target is to treat 90,000 people a year, within the next 5 years. The aim is that all service users should have the choice and timely access to evidence-based psychological therapy that range from low intensity for common mental health problems to high intensity for severe disorders.

There have been inequalities in the availability of psychological services across Hounslow, which has been confirmed by a recent review of existing counselling services⁶⁹. As a result of this review, the resources dedicated to counselling have been allocated among GPs on a weighted capitation formula to ensure an equitable distribution of resources across the Borough and equal access to counselling.

⁶⁶ Commission for social care inspection (CSCI) *Adult Social Care Performance in London Councils' assessment of progress in 2005-06* (2007)

⁶⁷ Richard Layard *Mental Health : Britain's Biggest Social Problem?*

⁶⁸ Government News Network press release (October 2007)

⁶⁹ Hounslow PCT *Review of Counselling Services* (paper to Board, June 2005)

Of 60 practices, five chose to retain independent practice-based counsellors who meet PCT specifications.

There was also a requirement for PCTs to make cCBT available by 31st March 2007 but this was not accompanied by any additional funding. The PCT's financial position⁷⁰ 2007/8 has not allowed any investment to deliver cCBT in 2007/8. Future investment on the range of psychological services, including cCBT will be informed by the 'Improving Access to Psychological Therapies' (IAPT) Steering Group throughout 2008/9.

This work has been included in the PCT's Commissioning Intentions⁷¹ in readiness for implementation in 2008/9 but there remains a considerable shortfall in funding. .

At present there are two gateway workers (known in Hounslow as primary care link workers⁷²) in post. Their role is to help prevent avoidable admissions to secondary care. This role should be developed to include assisting discharge back to primary care.

2.3.3 Dual diagnosis

The term Dual Diagnosis is used to describe the co-existence of mental health problems with substance misuse. The picture for Hounslow is described in the Dual Diagnosis Strategy dated February 2007⁷³. This seeks to define and describe the local Hounslow environment.

There are ranges of prevalence proposed across the country but multiple studies recognise that up to 50% of adult psychiatric inpatients have problematic drug and alcohol use. Community patients with serious mental illness (SMI) have substances misuse rates of about 25%. In the strategy, the Hounslow group estimated that there would be some 4,000 individuals in Hounslow who had a dual diagnosis, of whom some 300 would have serious mental illness complicated by serious substance misuse.

We know that higher rates of substance misuse are associated with divorce, lone parents, living alone and unemployment. Ethnic groups may have some specific patterns of substances misuse and must essentially form part of the cultural competence training of any staff or services reaching towards them.

It is difficult to establish prevalence rates as there is a lack of consistency in research studies across the country. Research suggests that between 22 and 44% of adult psychiatric inpatients also have problematic drug or alcohol use, up to half being drug dependent. Urban patient populations have higher prevalence figures than those in

⁷⁰ Hounslow PCT *Health Delivery Plan 2005/6 – 2007/8* (March 2005)

⁷¹ Hounslow PCT *Hounslow Primary Care Trust Commissioning Intentions 2007-08* (2006)

⁷² Jeremy Walsh and Jeni Plummer *Primary Care Link Workers* (undated)

⁷³ Hounslow Local Implementation Team *Hounslow Dual Diagnosis Strategy* (2007)

rural services. It has been suggested that fewer than 20% of psychiatric inpatients receive treatment for their substance use.

A recent study⁷⁴ was conducted in two London boroughs of Hammersmith & Fulham and Brent and two centres in the North of England- Sheffield and Nottingham. This study has shown significantly higher prevalence rates and ensuing service needs in the London areas, thus highlighting a 'London Factor'.

The prevalence of and drug and alcohol misuse by people with severe and enduring mental health problems (co-morbidity) was indicated in a study⁷⁵ carried out amongst 851 psychotic patients. The findings suggest substance misuse may be highly prevalent amongst psychotic patients.

Of CMHT patients, 44% reported past-year problem drug use and/or harmful alcohol use, while 75% of drug service and 85% of alcohol service patients had a past-year psychiatric disorder. Most co-morbid patients appeared ineligible for cross-referral between services and large proportions not identified by services and received no specialist intervention⁷⁶.

The physical health care needs of patients with dual diagnosis are frequently the greatest of all. There is a compound risk of potential poor self care, poor diet, lifestyle, risk of acquiring blood borne and other infections with little use of preventative or primary healthcare.

2.3.4 Personality Disorder

Singleton et al⁷⁷ estimates the prevalence of personality disorder in the general household population aged 16-74 to be 16.5% and slightly higher in London (18.2%). Not all of these people will require the expertise of secondary mental health services.

2.3.5 Autism/Aspergers

It is very difficult to diagnose autism and Asperger's syndrome with accuracy. The most widely accepted studies of prevalence are now quite old, but suggest a prevalence of 20 per 10,000 in children with IQs less than 70 and a prevalence of 36 per 10,000 in those with IQs of 70 or above (the latter including those with Asperger syndrome and high-functioning autism). These rates suggest that there may be 280 adults with autistic spectrum disorders in Hounslow who have an IQ under 70 and a further 500-1,000 adults in Hounslow with autistic spectrum disorder who are of average, or above average, intelligence.

⁷⁴ Weaver T, et al. *Results of a screening survey for co-morbid substance misuse amongst patients in treatment for psychotic disorders: prevalence and service needs in an inner London borough.* ([Soc Psychiatry Psychiatr Epidemiol.](#) 2001 Aug;36(8):399-406.)

⁷⁵ Weaver T, et al. *Comorbidity of substance misuse and mental illness in community mental health and substance misuse services.* ([Br J Psychiatry.](#) 2003 Oct;183:304-13.

⁷⁶ Hounslow Local Implementation Team *Hounslow Dual Diagnosis Strategy* (2007)

⁷⁷ Singleton et al 'Psychiatric Morbidity among adults living in private households 2000 HMSO London.

The former group may be referred to the learning disability team for assessment for services. The latter group of people are not usually eligible for specialist learning disability services and may not be eligible for mental health services if they do not have a diagnosed mental health need. Although many people diagnosed with autism may not require additional social care support and can manage with little or with outreach support, some may require social care support due to a reduced ability to cope independently. This is a service gap for people who do not meet the criteria for mental health and learning disability services.

Ealing, Hounslow and Hammersmith PCTs are working jointly with West London Mental Health Trust to help identify the numbers and needs of this latter group. We recognize that people should get support from the part of the service system that can best meet their needs. Many people with these conditions currently receive support through *Supporting People* which provides housing related support.

2.3.6 Learning disability and mental health

Some people have both learning disability and mental health needs. Their primary need may relate to either their learning disability or their mental health problems and they may be supported by mental health services, learning disability services or both services.

National prevalence rates for people with a learning disability and mental health needs suggest between 25-40% of people with a learning disability also have some mental health needs. In Hounslow this would give between 100-160 of those known to learning disability services.

*Valuing People*⁷⁸ makes specific reference to the mental health needs of people with a learning disability and that mainstream services should be accessed by people with a learning disability in the same way as the rest of the population.

Local mental health services are unable to provide accurate information on the number of people with a learning disability who use their services. The three PCTs in Ealing, Hounslow and Hammersmith, with West London Mental Health Trust, will review how well mental health services are meeting the needs of people with a learning disability in 2008.

See also a sister document, the learning disability commissioning strategy.⁷⁹

2.3.7 HMP and Young Offenders Institution, Feltham

⁷⁸ Department of Health *Valuing People: a new strategy for the 21st Century* (2001)

⁷⁹ LBH/HPCT *Learning Disability Commissioning Strategy* (2208)

The PCT has commissioned WLMHT to provide mental health services for the prison and has a service level agreement that describes the multi disciplinary services that are to be delivered by a community mental health team (CMHT) and an inpatient team. This has been reviewed and is monitored on a regular basis. The PCT have recently advised West London Mental Health Trust of their intention to tender the service.

A comprehensive health needs assessment of the health needs of the prison population will be completed in the first half of 2008. This will include a literature review, data collection, questionnaires to staff, letters and follow-up interviews with service providers, focus groups with juveniles and young men, separately. The report should be available before end of May and will inform future commissioning plans.

Future plans for mental health will also take account of the 2006 Prison Inspection Report⁸⁰, which raised concerns at the level of access and the appropriateness of, mental health services for young men in the prison.

2.3.8 Forensic services

Hounslow PCT commissions a forensic service that is in line with national recommendations. Eight PCTs combine to form a sector consortium for forensic services. The lead commissioner is Hammersmith and Fulham PCT. There are quarterly Consortium meetings and monthly 'Independent Sector Placement' (ISP) meetings. The PCT regularly undertakes a validation process at individual patient data level due to the low volume, high cost management of these most complex cases.

The Consortium is developing a strategy for the forensic services in collaboration with the development of the London wide Forensic Strategy. The services have been over-performing for a number of reasons including increasing pressures from the criminal justice system. The over performance has been carefully scrutinized and will be used to inform any remodeling. There does appear from early scrutiny that there are gaps in community provision, primary healthcare provision and long term medium secure care. The development of step down care is also required.

2.3.9 Psychiatric intensive care (PICU)

Two intensive care beds are currently commissioned at West London Mental Health Trust. Their use is closely monitored by the PCT in partnership with West London Mental Health Trust.

2.3.10 Continuing care

NHS Continuing Care criteria for adults are used to assess whether a person should receive care funded fully by the NHS. A new national framework for NHS continuing

⁸⁰ The Stationery Office *Report Of The Zahid Mubarek Inquiry Volumes 1 and 2* (June 2006)

healthcare and NHS funded nursing care was implemented on 1st October 2007⁸¹. Its aim is to set out a single policy for who should receive NHS funding.

The assessment tool is used by a nurse assessor to determine a person's eligibility for NHS funding.

Additional specialist healthcare assessments may be carried out and reports presented to the monthly joint LA and PCT Adult Placement panel. This determines whether a person's needs are predominantly health care (and so should be funded by the NHS) or if health needs are ancillary, or incidental, to the person's care needs, care may be funded by the Local Authority.

All efforts at rehabilitation and providing support at home will be explored before any decision is taken to fund a residential or nursing home placement.

At this stage it is not yet clear what the implications of the new criteria will be on existing funding arrangements for long term care between the NHS and LA and this will be kept under review.

2.3.11 Mental health and older people – transition issues

Mental health services are currently commissioned on an age related basis, but this is not always appropriate and transition arrangements are not always focussed on individual need. Commissioners will work with West London Mental Health Trust to further develop transition protocols and appropriate care pathways.

2.4 Housing need

2.4.1 Housing need in Hounslow

In most instances people with mental health problems do not require specifically adapted properties. It is the support and supervision required to enable them to live as independently as possible that is crucial. Support can range from 24 hour staff cover to floating support which can be as little as weekly support visits.

Compared to boroughs with similar characteristics, Hounslow has had a lower level of housing support for people with mental health problems, resulting in many people with complex needs being placed outside the Borough^{82, 83}.

There is a quota system for all adult care client groups including people with mental health problems. This is used to fast track vulnerable people in to suitable accommodation. It can also be used for people who the housing department would not

⁸¹ Department of Health *The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care* (June 2007)

⁸² London Borough of Hounslow *Supporting People Strategy 2005-2010* (May 2005)

⁸³ London Borough of Hounslow *Supporting People Strategy 2005-2010 – Evidence Base* (May 2005)

deem to be a high priority for social housing. This system has been crucial in reducing the length of stay in inpatient wards and reduced the need for delayed discharges.

To help estimate the future demand for supported housing the Toolkit Data Analysis published in May 2007 by the National Housing Federation⁸⁴ is used.

The table below provides a starting point in relation to the numbers of people within the Hounslow borough who will have a recognised mental health issue (Population at Risk). The toolkit then looks at this group (Population at Risk) and uses prevalence data to estimate the number of people that will require some form of housing related support (Population in Need). A number of assumptions are made, so the information should be treated with caution but it helps give an indication of the demand for future supported housing.

The toolkit does not attempt to make a distinction regarding the levels of support provided within the estimates for supported housing provision and is intended to be used to stimulate discussions within the local context regarding demand for high, medium or low level supported accommodation schemes.

2008	Population at Risk	26939	People in Need	587 (2%)
2011	Population at Risk	27067	People in Need	590 (2%)

From this, the study further estimates that for people with a mental health issue 40%⁸⁵ of the Population in need will require some form of supported housing provision. Again an assumption is made regarding the balance between accommodation based and non accommodation based provision, however the default estimate suggests for Hounslow:

Year	Estimated demand for accommodation based support provision	Existing accommodation based support provision	Net requirement for accommodation based support provision
2008	131 Units	64 Units (as of 2008)	67 Units required
2011	132 Units	64 Units (as of 2008)	68 Units required

Year	Estimated demand for non accommodation based support provision	Existing non accommodation based support provision	Net requirement for non accommodation based support provision
2008	456 Units	104 Units (as of 2008)	355 Units required
2011	457 Units	104 Units (as of 2008)	356 Units required

1 Unit = 1 Person

⁸⁴ National Housing Federation *Estimating the need for Supported Housing in London*, (May 2007)

⁸⁵ Source = London Client Record Forms 2004-5 & 2005-6

The above indicator requires a deflator to be applied to the net requirement for non accommodation based services. This is due to the overlap between client groups for example an older people with mental health problems may reside in sheltered housing provision or a person may have a learning disability as well as a mental health issue and be supported in a learning disability service. The Supporting People commissioning strategy due to be published later in 2008 will include more detailed information in relation to the net requirements for non accommodation based provision.

The previous mental health commissioning strategy identified the need for:

- more supported housing units, especially high support;
- people to be brought back into the Borough;
- gender and ethnic specific units;
- shared ownership units;
- more move-on accommodation and
- use of cluster flats.

The process of understanding need and identifying gaps in provision is ongoing. This has been progressed through:

- mapping of need and existing provision on an area basis;
- identifying how the emerging need can be met from appraisal and remodelling of the existing provision and
- identifying what type of new provision will be required.

The previous mental health commissioning strategy suggested unmet need for accommodation specifically for black and minority ethnic communities and for women. Neither of these needs have been evident in the placement panels.

2.4.2 Progress since the last strategy

Work has progressed to meet some of the priorities identified, whilst other priorities have been refined in light of more effective monitoring information becoming available since the last strategy was drawn up.

The identified priority need for an additional 8-10 units of high support accommodation has been partially met by reshaping a lower-level (formerly medium support) scheme at Apple Tree Cottage. The people short listed for these nine places are all currently out-of-Borough placements and the scheme will go a substantial way toward meeting the priority to provide sufficient places within the Borough.

Two former low support schemes have been reshaped to become medium support schemes providing 19 spaces.

Garthowen currently provides 7 units of high support accommodation and discussions are in progress about acquiring the use of the remaining 5 beds on a contract basis for Hounslow. The purchase of these additional beds will meet the identified priorities in for additional high support accommodation in the borough.

An option to utilise vacancies within the Thames Valley Housing Association cluster flats have been considered, but most are unsuitable for people with mental health problems (and in any case this type of provision is due to be phased out within the next 5 years). Anyone who is deemed suitable and referred will be prioritised for floating support through the Hounslow Mental Health floating support panel

Other housing options such as low cost home ownership have also been discussed but these have not progressed as requests for this type of provision has not been quantified or highlighted through the emerging demand. However, this remains a possibility for future discussions around the type of provision for mental health.

2.4.3 Current provision

Figure 6 shows the supported accommodation now available.

Figure 6: Supported housing services in Hounslow.

Category	Provider	Scheme	Units	Unit cost per week
High	London Cyrenians Housing	Cherry Tree	13	TBC
High (was Medium)	London Cyrenians Housing	Apple Tree	9	626.74
High	Together	Garthowen	7	TBC
Medium (was Low)	Hestia Housing & Support	Farnell's Court	12	199.62
Medium (was Low)	Central & Cecil	Scott Lodge	7	290.86
Low	Richmond Fellowship	HSHS	11	216.40
Low	Hestia Housing & Support	WRS	6	202.95

Totals

Category	Units
High support	21
Medium support	26
Low support	17

Floating support has also been reshaped to include more intensive and flexible support for people in crisis or who have on-going complex needs.

The Richmond Fellowship and Hestia schemes are established providers of support services for people with mental health problems within the London Borough of Hounslow and are well known to the Community Mental Health Teams and West London Mental health Trust.

Both providers have introduced a banding system that can provide high, medium or low support including weekend and late evening visits in order to provide a more flexible and tailored service to meet individual needs of people with a mental health problem. The Notting Hill Housing Trust scheme only provides low support.

Figure 7: Supporting People floating support in Hounslow.

Provider	Units	Unit cost per week
Richmond Fellowship	46	89.81
Hestia Housing & Support	44	90.58

Notting Hill Housing Trust	16	60.31
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2.4.4 Current proposals

The referrals currently being presented to the Mental Health Housing & Support Panel would indicate that there is additional need for low to medium support units especially in the west of the borough as the current provision is silting up due to lack of suitable move on accommodation.

The need for suitable move-on accommodation is being addressed through the housing quota for mental health and making effective use of this quota as well as recent (April 2007) revision to the Allocation Policy⁸⁶ to award high priority to move-on applicants. Providing support to move-on mental health clients to make better use of the choice based lettings process will also enhance the prospects for suitable housing.

2.4.5 Remaining unmet need

While the local view has been that the current level of floating support adequately meets the needs of those who require low level support to remain independent in the community this will be thoroughly investigated in the Supporting People Commissioning strategy.

Therefore, the type of units which would need to be developed are for accommodation based, supported housing for people with severe and enduring mental illness and those with dual diagnosis.

The development of self-contained units remains a priority for mental health for both supported housing and independent housing. However, this expectation has to be managed in relation to the financial constraints the authority is facing and the possible future reduction in the Supporting People funding. Whilst this would be desirable, it may be that the authority is only able to meet this on a limited basis for the foreseeable future.

There is a need to quantify and identify the individual needs of those still in hospital beds or high support accommodation simply because there is nowhere appropriate to move on to.

There are currently eight people, (six asylum seekers and two people on Section 117 of the Mental Health Act) being accommodated long term in bed and breakfast, at an total annual cost of £82,000.

⁸⁶ Hounslow Executive *Action on Overcrowding, including the Review of Allocation Policy* (April 2007)

2.5 Children and young people

2.5.1 Child and adolescent mental health services

Child and adolescent mental health services (CAMHS) are commissioned through the CAMHS Partnership Board, which has developed a joint strategy⁸⁷.

Activity data from Hounslow services indicates that figures for most types of presenting problems are broadly similar across the WLMHT (covering Hounslow and Ealing, Hammersmith & Fulham); the SHA and nationally with two exceptions:

- the figure for hyperkinetic disorders where local prevalence is almost twice the national figure and significantly higher than that for North-West sector of the SHA (almost 20% of all cases seen by CAMHS) and
- the figure for psychotic disorders, which is three times the national average.

Until recently, Hounslow CAMHS, based at 92 Bath Road, provided a service to Hounslow children and young people up until their 16th birthday, plus those aged 16-18 who remain in full-time secondary education. Hounslow Adult Mental Health Services provided a service to Hounslow children and young people aged 16-18 who were no longer in full time secondary education. Now all young people up to age 18 are seen by CAMHS.

Hyperkinetic disorder (ADHD) is the biggest transition issue for children becoming adults as although CAMHS have about 300 cases, it is not recognised as a mental health problem by the adult service. CAMHS are therefore unable to discharge some 18 year olds to adult services or to primary care. This issue is not confined to Hounslow.

In 2006-07 Hounslow PCT has been unable to sustain development funding for CAMHS, as a result of the SHA top slice of centrally funded budgets. As a result; significant changes are required to rebalance services within the resources available. The PCT will continue to work with WLMHT Trust to minimise the impact of this.

2.5.2 Early intervention in psychosis

The current early intervention service (EIS) offering early intervention in psychosis across the age range has been developed within current resources to provide specialist assessment and treatment those patients at risk of psychosis, or those presenting with a first psychotic episode.

A Hounslow Early Intervention Service Group is now developing shared care protocols between child and adolescent and adult services, so that users receive a similar package of care irrespective of age or location of treatment.

⁸⁷ *The Emotional Well-being and Mental Health of Children and Young People in the London Borough of Hounslow - CAMHS Development Strategy 2005 – 2008 (2004)*

The new group will include a clinical meeting where cases, management and transition issues can be discussed. Shared training has commenced and shared data collection, monitoring and user feedback for the service will be explored.

The adult services EIS team offer a recovery group for users, which is accessible to the older adolescents attending CAMHS. They also run a carers' support group which is accessible to the families and carers of users attending CAMHS.

The Team are offering symptom awareness training, guidance on early detection and referral advice to primary care staff.

There is a need for:

- programmes targeted at reducing stigma and
- better understanding of referral pathways by primary care.

The targets for 2007/2008 are, by quarter:

- First quarter 57 cases
- Second quarter 65 cases (8 new)
- Third quarter 75 cases (10 new)
- Fourth quarter 90 cases (15 new).

2.6 Ethnic diversity

2.6.1 Diversity and mental health

The challenge of providing culturally competent services in a variety of appropriate settings for diverse communities is complex but some progress has been made in setting up the means to establish and respond to needs (see Achievements section 3.3.2).

Various national studies have shown that:

- African-Caribbean young men are more likely to be diagnosed with psychotic illness, admitted compulsorily, and treated by physical rather than talking therapies⁸⁸;
- men and women inpatients from the Black Caribbean, Black African, and Other Black groups are more likely to be detained under the Mental Health Act 1983;⁸⁹
- the rate of detention for women from the Indian, Other Asian and Other groups is also somewhat higher;⁹⁰
- depression is diagnosed relatively less frequently in the Asian population and

⁸⁹ Healthcare Commission *Count me in: Results of a national census of inpatients in mental health hospitals and facilities in England and Wales* (November 2005)

⁹⁰ as above

- young Asian women have a relatively high rate of suicide.⁹¹

Hounslow has an ethnically diverse population. Estimates for 2005 show a white population of 61.7%, people of Asian ethnicity 25.9%, Black 4.9%, mixed race 3.3% and other 3.2%. The Borough therefore requires strategies to meet diverse needs.

Although now some years old, a report for the Mayor of London⁹² compares, by London borough, the percentage of inpatient from a broad ethnic grouping with the percentage of residents of the Borough from that grouping.

Figure 8: Comparison of the percentage of black inpatients (on 30 September 2002) with the black population of the borough

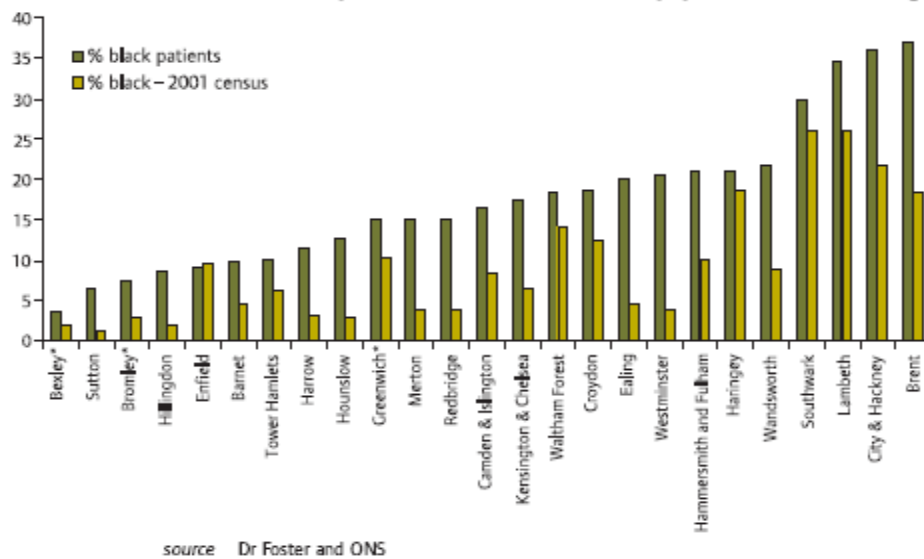


Figure 9: Comparison of the percentage of Asian inpatients (on 30 September 2002) with the Asian population of the borough

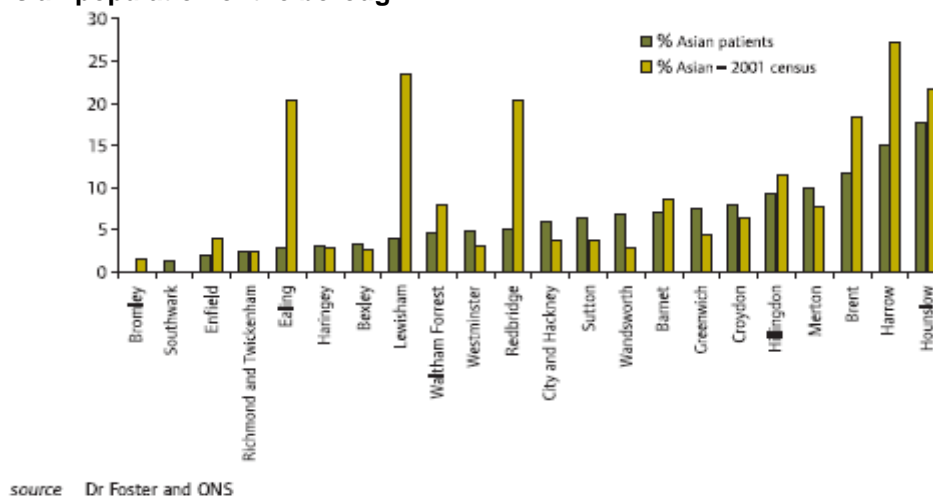


Figure 9 shows that in general black groups are over-represented among the inpatient population relative to the local resident population. In boroughs such as Westminster

⁹² Dr Foster *Availability of mental health services in London - A report for the Mayor of London* (August 2003)

there is about a five-fold difference. Asian populations are generally under-represented in inpatient numbers, although there is significantly more variation than among the white or black groups.

2.6.2 Diversity and mental health in Hounslow

The representation of, and services for, black and ethnic minority communities was the subject of a themed review at the Autumn assessment of progress with NSF implementation in 2004⁹³. A number of audits relevant to these issues have also been undertaken locally.

Some of the needs identified are operational matters, but others include:

- a women's group to will look at BME needs specifically;
- ways of reaching small ethnic groups and
- improved information to carers.

In February 2007,⁹⁴ the Borough and WLMHT established a BME Strategy Group comprising senior staff from the two statutory mental health service providers. Its priorities are to draw up a BME strategy, identify the current BME communities in the Borough, set up a user forum and look at service provision and access gaps.

While recognising the need to address these issues there is also a need to ensure that the needs of all the local population are identified, met and that services are accessible to all sectors of the community.

2.6.3 Young Asian women

In Hounslow, young Asian women are over represented in acute services and until recently there were almost no designated community or day mental health services. The needs of young Asian women remain a key priority. The suicide rates for men and women in Hounslow are 2:1 whereas in the rest of England they are 3:1.

2.6.4 Refugees and asylum seekers

There are estimated to be between 7,100-8,200 refugees in Hounslow (3.3% - 3.9% of the population). Refugees and asylum seekers can present with complex legal, social and sometimes clinical issues. Their numbers, however, are falling because of revised Government dispersal arrangements. As a result, a post traumatic stress disorder service, which was commissioned from another part of London, has now been offered to the principal local service provider.

⁹³ Hounslow Local Implementation Team *Autumn Assessment Themed Review BME Services* (October 2004)

⁹⁴ London Borough of Hounslow, West London Mental Health Trust *Hounslow BME Strategy Group Terms of Reference* (February 2007)

The refugee communities represented in the Borough include: Afghanis, Albanians, Bosnians, Iranians, Iraqis, Kenyans, Kosovans, Somalians, Sri Lankans, and Tanzanians. This population has complex health needs, some of which have developed in their country of origin (sometimes through torture or war), plus new problems which have developed on arrival, such as those due to poverty and social exclusion. Much data on these communities is contained in *Refugees in West London Baseline Mapping Study* (a research study conducted for RENEWAL SRB February-March 2001)⁹⁵. However, there have been significant changes in the mix of communities in Hounslow over last five years.

2.7 Likely future trends

The ONS calculates that Hounslow's 18-64 year-old population will increase by around 800 between 2007 and 2010⁹⁶. Although the 2010 total would be only about 0.6% higher than in 2007, it is 2.1% higher than the estimate for 2004. The GLA projections⁹⁷ estimate a higher increase of around 1,000 between 2007 and 2010. That would be nearly 0.7% higher than in 2007, but it would be a full 4.6% greater than the level in 2004. With the population of Hounslow rising, there will be a steady growth in the absolute demand for services of all kinds.

Changes to the models of mental health care provision, coupled with the expectations of service users and the public as a whole, could have a considerable impact. The new models of care, which are already being introduced, are described more fully in Section 3.4. There is an increasing preference for psychological rather than pharmacological therapies.

⁹⁵

⁹⁶ Office for National Statistics *Census 2001 Key Statistics for local authorities in England and Wales* (2003)

⁹⁷ Greater London Authority Data Management and Analysis Group *Briefing 2006/11 Borough and Sub-Regional Demographic Profiles* (March 2006)

CHAPTER THREE – THE PATTERN OF SERVICES

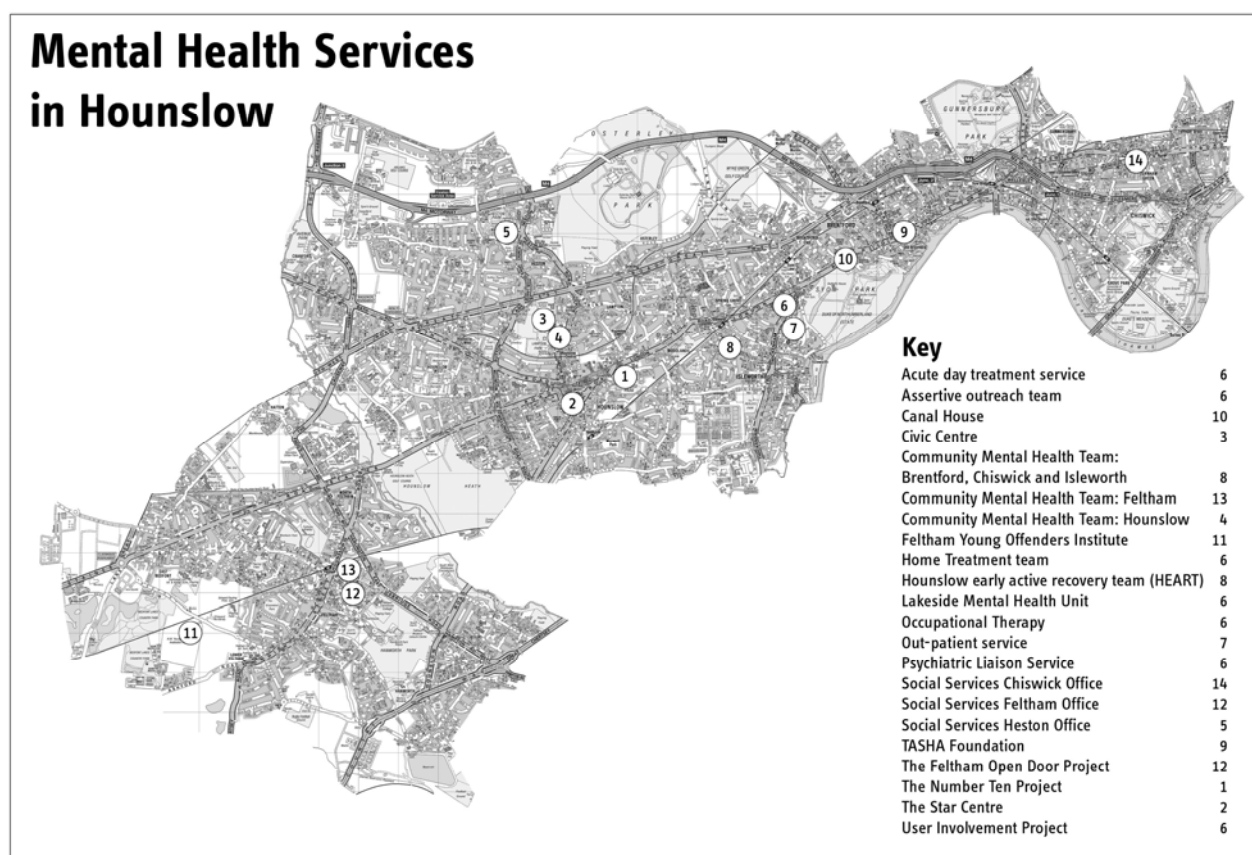
3.1 Current services available

Health and social care services are the responsibility of Hounslow PCT and the LBH HCS. These two statutory authorities either provide services direct or commission them from other service providers – statutory (eg NHS trusts), private or voluntary.

This chapter contains a summary of expenditure on services and details of the pattern of services provided, or commissioned, in the Borough. It then compares the use of inpatient mental health service with other similar areas of the country and the achievements of services to achieve mental wellbeing. The chapter does not include information on mental health services which may be provided or funded through other sources, such as charitable agencies or community and faith groups.

Appendix Three shows the net statutory expenditure on mental health and social care in Hounslow in 2006/07.

Figure 10 Map of Mental Health Provision within Hounslow Council Boundaries

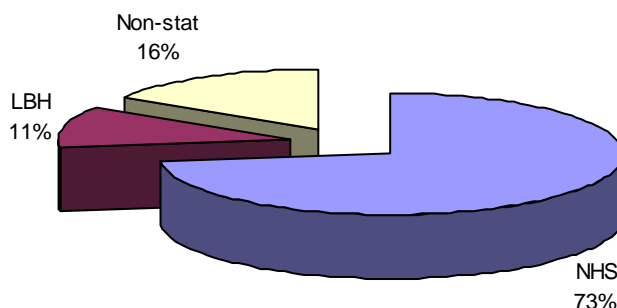


This map shows the locations where services are provided and gives an indication of how far people travel, particularly to services at Lakeside.

The following figures show the balance of expenditure on mental health services.

Figure 11 indicates the contribution to total spend on adult mental health services by the NHS (including non-general medical services), the LBH HCS and the non-statutory sector (Non-stat)

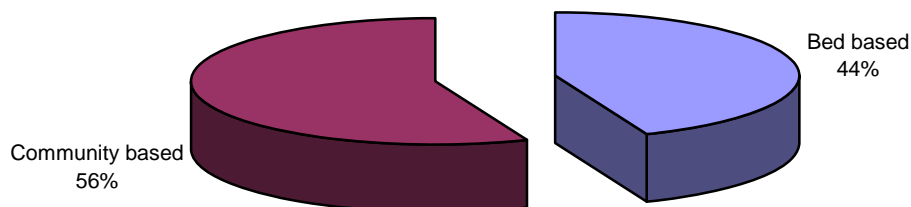
Figure 11: Relative total spend



Source – Autumn 2006 Financial mapping

Figure 12 shows the proportion of total spend on adult mental health services which is on bed based services against the proportion on community based services, combining data for the NHS, Borough and non-statutory sectors.

Figure 12: Bed based v community spend (all)



(Sources – for NHS, the PCT draft budgets for 2007/8 and for the Borough and non statutory sectors, the Autumn 2006 financial mapping)

Figures 13-15 show the relative spend on bed based and community based services by each provider type.

Figure 13: Bed based v community spend (NHS)

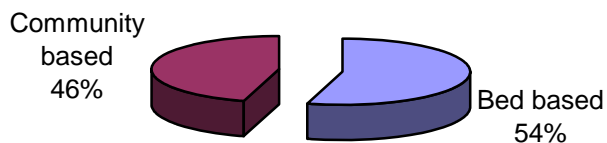


Figure 14: Bed based v community spend (LBH)

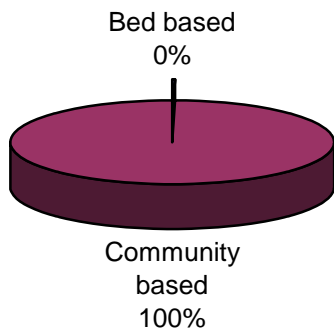
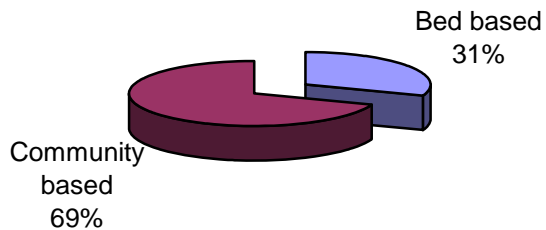


Figure 15: Bed based v community spend (non-stat)



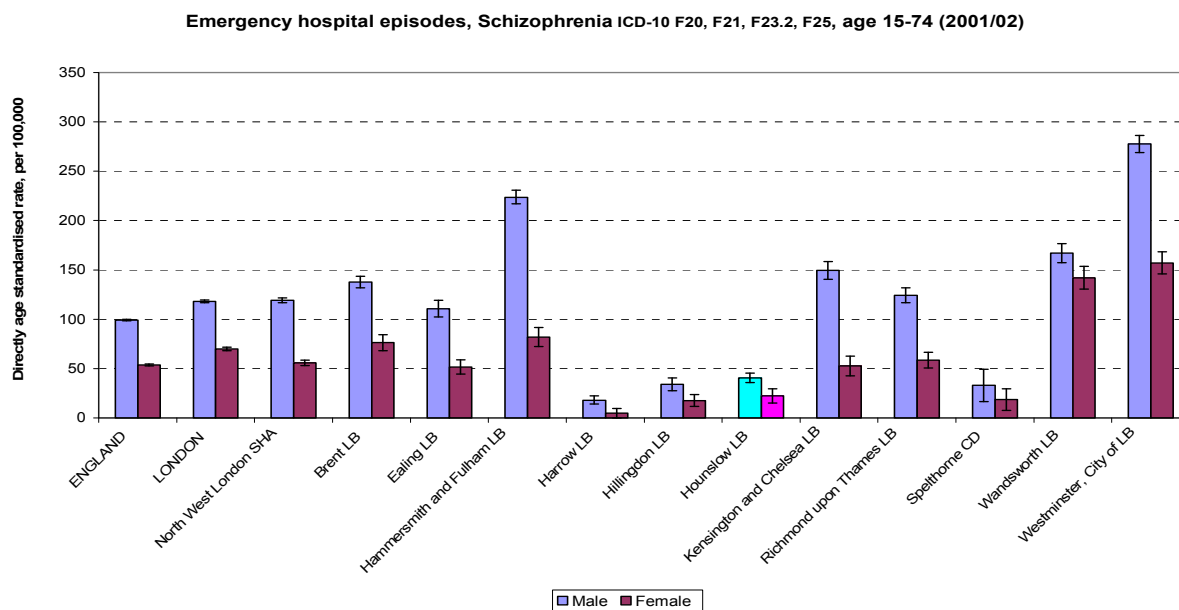
(sources, as for figure 12)

3.2 How Hounslow compares

3.2.1 Emergency admissions

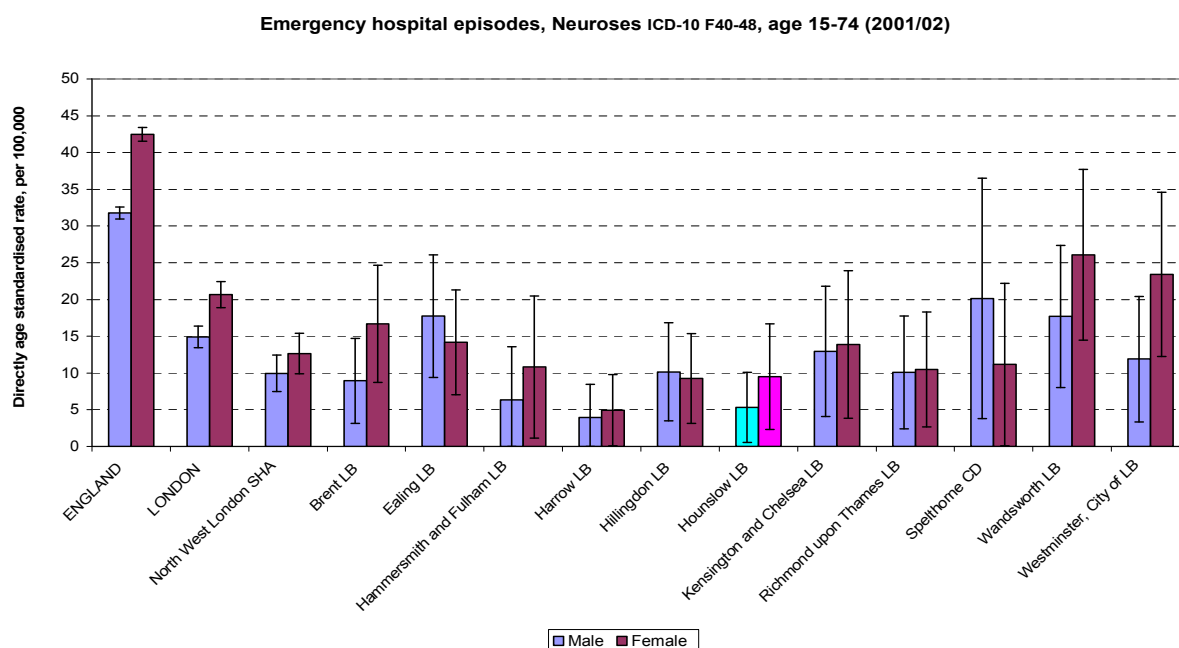
Figures 16 and 17 show rates for emergency admissions coded as schizophrenia and neuroses for the period 2001/02. (Note: This is the latest available data). As can be seen these emergency admission rates for both schizophrenia and neuroses are significantly lower than England and are lower than neighbouring boroughs. Do far as neuroses are concerned, emergency admissions absolute numbers are low and fit with good practice to treat less severe conditions in the community.

Figure 16: Emergency hospital Treatments, Schizophrenia – Directly Age Standardised rate per 100,000



Source: <http://www.nchod.nhs.uk>

Figure 17: Emergency Hospital Treatments, Neuroses – Directly standardised rate per 1000,000



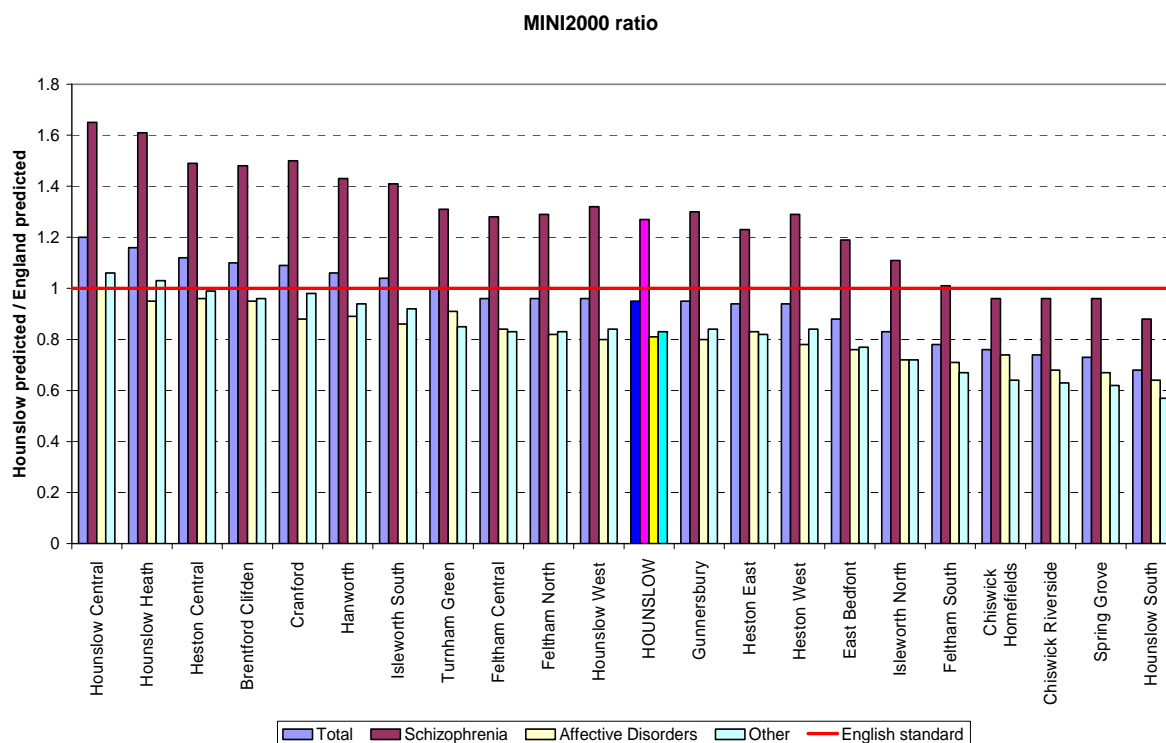
Source: <http://www.nchod.nhs.uk>

3.2.2 Predicted hospital admissions

Evidence from The Centre for Public Mental Health⁹⁸ show that deprivation is closely linked with poor mental health. Deprived areas have high predicted levels of need for mental health services. The MINI2000 is an indicator of severe mental illness designed to predict the need for admission to specialist psychiatric services. Scores are weighted for factors including long-term health, employment, marital status and housing. The national average level of need is scored as 1.0. The MINI2000 (M2k) ratio has been calculated for all PCTs and wards (using 1998 ward boundaries). The M2000 is calculated as the predicted admission rate for the area divided by the predicted admission rate for England.

Data for *mental health need*, using old ward boundaries for Hounslow, are presented in Figure 18. The graph shows scores for three diagnosis-specific models (schizophrenia, affective disorders and others), and one combined model. The author of the model⁹⁹ suggests that for most practical purposes the combined model is the most appropriate figure to use; this column is placed *first* and is the column on which the data is ranked. The age-band on which the figures are produced is 16-59 years. Those bars above the red line suggest that the *need* is *greater* in those wards than the average for England.

Figure 18: Predicted Hospital Admissions for those aged 16-50 years, using MINI2000



Source: <http://www.dur.ac.uk/mental.health/>

⁹⁸ Centre for Public mental health <http://www.dur.ac.uk/mental.health/index.php?l1=1&l2=27&s=27>

⁹⁹ Professor Gyles Glover, <http://www.dur.ac.uk/mental.health/index.php?s=3&l1=3> (accessed April 3rd, 2008)

With specific reference to the predicted admission rate for Schizophrenia Figure 18 shows that with the exception of five wards, the remaining wards in Hounslow all have predicted rates of admission above the average for England.

3.3 Achievements in Hounslow

Substantial progress has been made in some key areas since the commissioning intentions for mental health¹⁰⁰ were published in 2005, as described in this section. Other progress includes:

- Apple Tree Cottage has been reconfigured to provide nine high support places;
- a new user-led project has been established in a new building provided at School Road;
- the extension and refurbishment of day facilities at Canal House;
- Crisis Resolution and Assertive Outreach services are meeting workload targets;
- a review of primary care counselling has been completed and consequent changes in services commissioned;
- Early Intervention in Psychosis has been increased;
- a Housing Invest to Save post has been established to support the increase in the range of housing options available locally, plus production of a guide for mental health practitioners and
- a dual diagnosis strategy has been developed with substance misuse.

3.3.1 Day activity and employment

New contracts have been agreed with voluntary sector providers (the Star Centre plus Open Door) that focus on social and vocational outcomes for mental health service users.

A dedicated service user involvement worker has:

- mapped what employment support already exists;
- supported three people into part-time work;
- supported three people into sessional work;
- supported two people into training courses and
- supported three people into computer skills training.

¹⁰⁰ Hounslow Social Services and Health Partnerships *Mental Health Commissioning Strategy for 2005/2008* (2005)

Leaders Employment, a supported employment agency, has over the past 16 years run various successful programmes to support adults with disabilities into open paid employment. Leaders also helps people to retain their employment. Staffing levels have recently been increased to provide support for adults with mental health difficulties.

The new Number Ten user-led project provides 365 day access and is valued by service users. It aims to provide access to education, re-skilling and work in order to promote recovery from mental illness or alcohol and substance misuse and to overcome social isolation, stigma and discrimination.

Other progress includes:

- full engagement with the Pan London work streams;
- an increased provision of specific work and training benefit advice;
- a work preparation group is being run in Feltham CMHT and
- the Lakeside Activity Worker project continues to employ service users on a sessional basis to run recreational groups.

3.3.2 Black and minority ethnic communities

The NSF target for Hounslow was to have three community development workers in place by December 2006. In line with the previous mental health commissioning strategy's priority to gain a better understanding of the needs of BME communities, this target was exceeded, with the following in place during 2006/7.

- TASHA Foundation 1 f/t
- MH Access Project 1 f/t
- Feltham Open Door 1 f/t
- Star Centre 2 p/t
- WLMHT/AOT 1 p/t

As part of the PCT Financial Recovery Plan, two of the services (TAHA and TASHA) were decommissioned in 2007/08. Despite local financial challenges we remained committed to this agenda and area of work.

Other progress includes:

- the Black User Group at the voluntary sector provider, Open Door BUG, has been developed into a community development service for black users, signposting them to, and supporting them in, the use of other services;
- in 2005/6, 40 staff from Hounslow Adult Mental Health Services attended diversity training;
- there was representation from mental health at a Hounslow Multicultural Fair in April '06 and
- Hounslow PPI Forum has held a half day event focusing on cultural diversity.

3.3.3 User led services

The LBH is funding a user-led 365 day service, called Number Ten, in a new temporary building designed for the purpose. A service user is employed by the Borough as co-ordinator.

Canal House, a council run day centre, has a number of user-led services, such as a drop in, Sunday lunch and tea bar.

3.3.4 Carers

Good progress has been made in improving support for the carers of people with mental health problems. The approach being to ensure that their needs are assessed and to facilitate choice in the way those needs are met.

Three carers' assessors have now been appointed, with one working in each of the CMHTs. Training in carers' assessments is now available to all CMHT staff to increase their awareness of effective outcomes for carers and to encourage use of the carers' assessment tool.

Vouchers and direct payments are available, which allow carers the flexibility to choose their respite arrangements, including flexible break options. A carers' support pack has been developed with carers in conjunction with TASHA. This includes information about vouchers and direct payments.

The contract with TASHA has been reviewed. The service provided was for Afro-Caribbean carers support, but is now extended to all mental health carers. The assessment criteria has been changed and links with statutory services formalised.

Figure 19: Carers Grant allocation – carers of people with mental health needs

Numbers of carers receiving breaks services through the Carers Grant					
	2003-04	2004-05	2005-06 Plan	2005-06 Outturn	2006-07 Plan
Numbers	50	67	75	87	96
Amount Spent (£,000s)	31.0	48.0	58.0	58.0	58.0

Other progress includes:

- a carers' forum has been established;
- a carers' register has been established;
- the 'Caring in Hounslow' newsletter is circulated to all those on the carers register and to statutory & voluntary organisations;
- the expert carer programme is being promoted; and
- referral of carers by general practitioners to the access and assessment team has been agreed.

3.4 New models of care

The NSF¹⁰¹ and NHS Plan¹⁰² have introduced a functional model of community service provision, including home treatment, assertive outreach and early intervention teams. Subsequent national guidance has introduced several new types of mental health worker, including community development workers¹⁰³, gateway workers¹⁰⁴, graduate primary care mental health workers¹⁰⁵, and support time and recovery workers¹⁰⁶. Funding these new services has not been easy and in some cases targets have yet to be met in Hounslow.

Some of the new services were created by decommissioning previous ways of working: for example, Osprey Ward was closed in 2004 to fund the assertive outreach service and a community rehabilitation team was disbanded in order to fund the home treatment service. The impact of the new services on more traditional forms of care, such as the CMHTs and in particular acute inpatient care, has not yet been demonstrated. The number of acute inpatient beds remains constant.

Further fundamental changes to the model of care and treatment for people with mental health problems can be anticipated in the next few years. It is evident that many people with a wide range of mental illnesses would prefer psychological therapies (talking treatments) to pharmacological treatments. The NICE has recently endorsed the use of psychological therapies for a wide range of conditions and has approved self-help computer-based packages for both depression and anxiety^{107, 108}.

The new emphasis on choice and on responding to consumer preferences is likely to increase the pressure to make available more psychological therapies and self help treatments. This is consistent with the trend in the treatment of other long term conditions, to make less use of secondary care and encourage and enable self care and self responsibility.

¹⁰¹ DH *A NSF for Mental Health* (1999)

¹⁰² DH *NHS Plan* (1999)

¹⁰³ DH *Mental Health Policy Implementation Guide - Community Development Workers for Black and Minority Ethnic Communities Interim Guidance* (Dec 2004)

¹⁰⁴ DH *Fast-Forwarding Primary Care Mental Health: 'Gateway' Workers* (October 2002)

¹⁰⁵ DH *Fast-Forwarding Primary Care Mental Health Graduate primary care mental health workers Best Practice Guidance* (Jan 2003)

¹⁰⁶ DH *Mental Health Policy Implementation Guide Support, Time and Recovery (STR) Workers* (Mar 2003)

¹⁰⁷ NICE *Clinical Guideline 23 - Depression: management of depression in primary and secondary care* (Dec 2004)

¹⁰⁸ NICE *Clinical Guideline 22: Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care* (Dec 2004)

These trends make an increasing shift in the treatment environment from secondary care to primary care inevitability. To accommodate such a trend in an orderly manner an early examination of care pathways will be undertaken.

WLMHT has identified a number of users of community mental health team services whose care could be managed in primary care services. To achieve this there may be training requirements in some practices in order that depot medication and appropriate follow-up can be administered with support from the CMHT if required.

The role of the gateway worker should be developed to provide support on discharge to primary care, possibly in conjunction with practice nurses.

There is also likely to be a demand for more services which are user-led or user-run. These could have a particular role to play in, for instance, computer-based self-help programmes and preparation for employment.

3.5 Views about Hounslow's services

3.5.1 How the views of service users and carers are obtained

The Local Implementation Team and the Acute Care Forum have representation from users, carers and the PPI Forum

The Hounslow User Involvement Project (HUIP) supports service users' involvement in the planning and delivery of mental health services. HUIP has established a Borough-wide forum for service users, plus for a in each of the three localities.

The two current staff of the project are themselves service users, or ex users, and meet with other service users in a variety of settings. Meetings are held on a monthly basis at three day centres (the Star Centre, Canal House and Feltham Open Door) to hear users' views. Minutes are taken and afterwards project staff meet with the centre manager to pass on any issues.

Personal matters may be referred on to an advocate. More general and wider issues might be taken to the Hounslow Forum or the Trust wide Forum.

HUIP has also initiated forums at the three CMHTs and have asked staff to encourage attendance. So far the attendance has been low, but "topic" meetings are now being tried, such as "Freedom Passes", "CPA" and "Medication".

The Hounslow Forum meets monthly with a sandwich lunch, the idea being that people come along to represent their centre or whatever group they belong to.

Service users are now expressing their views on the Trust's Clinical Effectiveness, Physical Health Care and Audit and Performance Committees. There is a panel of trained users who sit on interview panels to appoint staff. An activities project led by users on the wards at Lakeside organises activities for inpatients.

3.5.2 What service users are saying

The HUIP reports that the issues are raised by service users are very similar time and time again. Users don't feel that they are listened to by their psychiatrist and are given too little consultation time. Medication is given with too little explanation and that there is too little use of "talking therapies". A discussion about the CPA revealed widespread ignorance of it by service users.

The issue that has caused most concern is that of Freedom Passes. Over the past few months many have been withdrawn and new applicants are being turned down in greater numbers. HUIP has mounted a campaign on this and has assisted with appeals.

3.5.3 West London Service User Surveys

The National Service User Survey was undertaken for WLMHT¹⁰⁹ between February and May 2006. The sample was generated at random by an agreed national protocol from all clients on the CPA register seen between 1st September and 30th November 2005. The response rate for WLMHT was 35% (286 usable responses from a final sample of 815).

This report sets out the full results from the survey. It provides comparisons of both the Trust's results against those of other Trusts undertaking the survey, and the Trust's 2006 survey results compared to those achieved in the 2005 survey. An executive summary includes conclusions and proposed action under the following headings:

- care and treatment;
- health professionals;
- medication;
- counselling & talking therapy;
- care co-ordinators, care plans & reviews;
- support in the community;
- crisis care;
- standards and
- family & carers.

Most action points relate to operational matters - many of them concerning the provision of information in various forms. Two, however, could have consequences for commissioning:

- assess the clinical pathway to decisions on accessing talking therapy, in the light of the discrepancy between the proportion of patients having counselling / talking therapy and those who wanted talking therapy in the last 12 months; and
- review the support services offered for finding work and accessing social security and other benefits, in the light of the numbers of patients who say they would welcome information on these matters.

¹⁰⁹ Quality Health (for the Healthcare Commission) *Listening to patients: WLMHT Service User Survey* (2006)

The Healthcare Commission's Mental Health Survey¹¹⁰ in 2005 on the WLMHT returned scores for respect and dignity shown by health workers which were in the worst 20% nationally, but the proportion of those people who had had care reviews in the preceding 12 months was in the best 20%.

The following year¹¹¹ scores for respect and dignity shown by health workers had improved, but the proportion of patients who felt they had been involved with their care plan and the opportunity to talk about their future care was in the worst 20%.

3.6 Links to other services

Mental health and well being can be affected by very many aspects of life, including physical health, social and financial circumstances, life events, housing, employment, leisure opportunities, etc^{112, 113, 114, 115}. Therefore the existence, availability and appropriate delivery of a host of other services are relevant to the provision of mental health services and can affect demand on the latter. Perhaps of particular relevance are the contributions made by GPs and primary care services, acute emergency health services, housing and employment¹¹⁶.

In addition to the plans and documents referenced throughout this strategy, the following local publications and plans are of importance:

- Annual Public Health Report 2005¹¹⁷;
- H PCT- Annual Report 2005/06¹¹⁸;
- Hounslow Community Plan¹¹⁹;
- Community Cohesion in Hounslow - Meeting the Challenge¹²⁰;
- Borough Executive Business Plan¹²¹;

¹¹⁰ Healthcare Commission *Patient Survey Report 2005* (2005)

¹¹¹ Healthcare Commission *Patient Survey Report 2006* (2006)

¹¹² DH *The NSF for Mental Health – Five Years On* (2004)

¹¹³

¹¹⁴ Richard Layard *Mental Health : Britain's Biggest Social Problem?*

¹¹⁵ H PCT, LB Hounslow, WLMHT *Hounslow Mental Health Promotion Strategy* (October 2004)

¹¹⁶ Housing & Community Services Department, LBH *Empowering People To Work - Report of Empowering People to Work Strategy Reference Group* (in preparation)

¹¹⁷ H PCT & LBH *Annual Public Health Report 2005* (2005)

¹¹⁸ H PCT *Annual Report 2005/06* (2006)

¹¹⁹ LBH *The Hounslow Community Plan 2007 – 2010* (2006)

¹²⁰ London Borough of Hounslow *Community Cohesion in Hounslow - Meeting the Challenge* (Dec 2003)

¹²¹ London Borough of Hounslow *One Hounslow, Building on Success - Executive Business Plan 2005/06 to 2007/08* (2005)

- Hounslow Local Development Scheme¹²²;
- LAA 2006-2009¹²³;
- Hounslow Housing Strategy¹²⁴;
- Hounslow Homelessness Strategy¹²⁵;
- Hounslow Black and Minority Ethnic Housing Strategy¹²⁶;
- Hounslow Social Inclusion Unit Service Plan¹²⁷;
- Hounslow Race Equality Scheme 2002 –2005¹²⁸;
- Hounslow Disability Equality Scheme¹²⁹;
- Hounslow Equal Opportunities and Diversity Policy¹³⁰;
- Hounslow Voluntary Sector Strategy¹³¹;
- Hounslow Voluntary Sector Strategy 2004 update¹³²;
- Hounslow Voluntary Sector Compact¹³³;
- West London Mental Health Trust Annual Report¹³⁴;
- West London Mental Health Trust Business Plan¹³⁵ and
- CSCI Assessment of Council's Performance¹³⁶

¹²² LBH *Local Development Scheme* (May 2006)

¹²³ LBH *Local Area Agreement 2006-2009* (2006)

¹²⁴ LBH *Housing Investment Programme 2003-2006 - Housing Strategy Document* (2003)

¹²⁵ LBH *Homelessness Strategy 2003-2008* (August 2003)

¹²⁶ LBH *Black and Minority Ethnic Housing Strategy 2005 – 2007* (2005)

¹²⁷ LBH *Social Inclusion Unit Service Plan 2004/2005* (2004)

¹²⁸ LBH *Corporate Equality and Community Cohesion Plan 2005 – 2008* (2005)

¹²⁹ LBH *Departmental Equalities Action Plans 2005 – 2008* (2005)

¹³⁰ LBH *Equal Opportunities and Diversity Policy* (2004)

¹³¹ LBH *Voluntary Sector Strategy 2003-2006* (2003)

¹³² LBH *Council's Voluntary Sector Strategy 2004 Update* (2004)

¹³³ LBH *The Hounslow Voluntary Sector Compact 2003 - an agreed Code of Practice for partnership working* (2004)

¹³⁴ WLMHT *Many Viewpoints One Vision - Annual Report 2004-05* (2005)

¹³⁵ WLMHT *Wide Business Plan 2006/07* (2006)

¹³⁶ CSCI *Adult social care performance - Councils' assessment of progress in 2005-06* (2006)

CHAPTER FOUR – PERFORMANCE IN HOUNSLOW

4.1 How performance is measured

Each year targets are set, or updated, for implementation of the NSF. In the Autumn, each LIT throughout England completes a self assessment against these targets, scoring red, amber or green for each, using measurement definitions supplied by the DH. Green indicates that the target has been met; amber that work is in hand to meet it, red that no real progress has been made.

4.2 Hounslow's performance

4.2.1 NSF self assessment

In the NSF self assessment completed in Autumn 2006¹³⁷, Hounslow had met the following targets:

- crisis resolution service meeting caseload targets;
- medium and low secure beds available;
- local strategic partnership focusing on social exclusion;
- mental health services for people with learning disabilities;
- community development workers (for black and minority ethnic communities);
- effective arrangements for transition between children's and adult services;
- effective arrangements for transition between adult and older people's services;
- LIT's work informed by monitoring and other reports;
- wide network of carers involved in planning and monitoring services;
- voluntary sector providers involved and routinely considered by commissioners;
- suicide prevention strategy being implemented and measured;
- access to independent advocacy;
- mental health promotion strategy and action plan with evaluation process;
- access to services for people with sensory impairment and mental illness;
- access to eating disorder services;
- access to mother and baby services and
- written policy for section 135/136 working well.

An amber rating indicated that further work is required in the following areas:

- primary/secondary care interface: QOF registers are not yet in place (for serious mental illness, depression, dementia);
- the EIS is unlikely to meet caseload targets and is not compliant with national guidance;
- the target number of STAR workers not yet in place;
- improvements are planned to the services available to enable people with mental health problems to maintain, or return to, employment;

¹³⁷ CSIP *Self Assessment 2006* (January 2007)

- the baseline assessment made under the amended race relations act has not resulted in an improvement plan for the commissioning of and/or provision of services;
- further progress is needed in developing plans in response to Delivering Race Equality in MHC¹³⁸;
- more effective structures and systems are required for ensuring that a wider network of service users are involved in the planning and monitoring of services;
- there are plans to further develop the schemes available locally to enable, or promote, the employment of service users within mental health services;
- for people with a personality disorder, further work is required to achieve appropriate provision within all local mainstream mental health services, plus a range of local specialist services;
- a plan is required by March 2007 to measure and subsequently reduce waiting times for all psychological therapies services by March 2008. Waiting times are being measured but a strategy is required to ensure that access to psychological therapies is improved in line with national policy; and
- significant progress is still required against two “choice points”: life choices and choice of care pathways and options.

The only outstanding “red” - where there has been no progress at all against the target and where no plans are in place – relates to graduate primary care mental health workers.

4.2.2 Health Commission rating

The Health Commission’s 2006/2007 “health check” on NHS trusts in England scores NHS trusts on the quality of the services they provide and how well they manage their resources. The scores are derived from various service reviews and inspections, as well as the data collected by other organisations.

For 2006/2007 (compared to 2005/2006), WLMHT improved from “fair” to “good” for use of resources and from “good” to “excellent” for quality of services. The applicable components determining the quality of services rating were:

Compliance with core standards: WLMHT complied with all 44 core standards, which were under the following headings

- Safety
- Clinical and cost effectiveness
- Governance

¹³⁸ DH *Delivering race equality in mental health care - an action plan for reform inside and outside services* (January 2005)

- Patient focus
- Accessible and responsive care
- Care environment and amenities
- Public health

Existing national targets: WLMHT fully met “improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis resolution services and a comprehensive child and adolescent mental health service”.

New national targets: WLMHT achieved all the following:

- achieve year on year reductions in MRSA levels, expanding to cover other healthcare associated infections as data from mandatory surveillance becomes available;
- improve the quality of life and independence of vulnerable older people by increasing the proportion of older people being supported to live in their own home by 2008;
- reduce health inequalities by 2010;
- reduce adult smoking rates by 2010;
- secure sustained national improvements in NHS patient experience by 2008;
- substantially reduce mortality rates by 2010 from suicide and undetermined injury.

4.2.3 Self Assessment Survey

Mental health services are covered by relatively few of the Local Authority Performance Assessment Framework indicators. The indicator most relevant specifically to mental health is C31, which covers the number of adults with mental health problems helped to live at home.

Figure 20: Number of adults with mental health problems helped to live at home

2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08 Plan
2403 - PAF C31 Number of adults with mental health problems helped to live at home per 1,000 population aged 18-64.						
4.1	4.8	5.1	6.0	5.9	5.7	5.7

4.3 How Hounslow’s performance compares

4.3.1 NSF self assessment

Appendix One shows the “traffic light” scores for each indicator obtained by each borough LIT in London, for the Autumn assessment in 2005 (2006 data not yet available). It demonstrates that Hounslow performed well, with only three LITs having more “green lights”.

Appendix Two shows the corresponding scores for each indicator obtained in the Autumn 2006 self assessment by the three LITs making up WLMHT. The three boroughs show remarkably similar performances.

4.3.2 Health Commission rating

On the Health Commission’s annual “health check”, WLMHT is among the 62.4% of mental health trusts that fully met core standards, the 85.4% that fully met existing national targets, and the 69.6% that had a score of excellent for new national targets.

The Healthcare Commission and CSCI review of community mental health services assessed all 174 LITs in England against national standards. Overall, 9% of LITs were rated as excellent, 45% as good, 43% as fair and only 3% as weak - Hounslow’s being rated “fair”.

Hounslow PCT was one of 7.9% of PCTs that failed the existing target to “improve the life outcomes of adults and children with mental health problems by ensuring that all patients who need it have access to crisis resolution services and a comprehensive child and adolescent mental health service.”

4.4 Hounslow Targets

An adjustment was made to the target for the Early Intervention Service. Hounslow PCT is shortly to be informed of the actual date by which the target is to be achieved.

CHAPTER FIVE – USE OF RESOURCES

5.1 Finance available

Hounslow PCT spends around £300m each year on local health services including £26m on mental health services. This figure does not include services delivered by General Practitioners (GPs) or include the cost of psychiatric prescriptions issued by GPs. The majority of the NHS mental health spend is with the local NHS mental health provider - West London Mental Health Trust. The current contract value is £20,092,847.

The London Borough of Hounslow had a 2006/2007 gross budget of £546m, of which the Housing and Community Services (HCS) budget is £186m (34%). This includes Government grants and health and client contributions (charges). In 2005/06, the net Hounslow HCS budget was £63m, including £3.5m for mental health services.

The Supporting People programme to provide housing support to vulnerable people funds about £5m of services annually, of which about a fifth is for people with mental health problems.

5.2 How Hounslow compares

This section, provides information on the mental health spend (by Hounslow PCT). It compares Hounslow PCT's investment with PCTs in England, other London Boroughs, and a cluster of Boroughs, selected because they are similar to the Borough of Hounslow. The figures are based on the most recent *Programme Budgeting* information, available on the provision of mental health services, and collected nationally by the NHS.

Programme budgeting analysis enables comparisons to be made between pre-defined clusters of PCTs. The cluster of PCTs for which comparisons have been made for Hounslow are listed in Figure 21.

Figure 21: National Statistics London Suburbs area classification (cluster)

Barnet	Redbridge
Ealing	Slough*
Harrow	Croydon
Hounslow	Enfield
Luton*	Greenwich
Merton	Waltham Forest

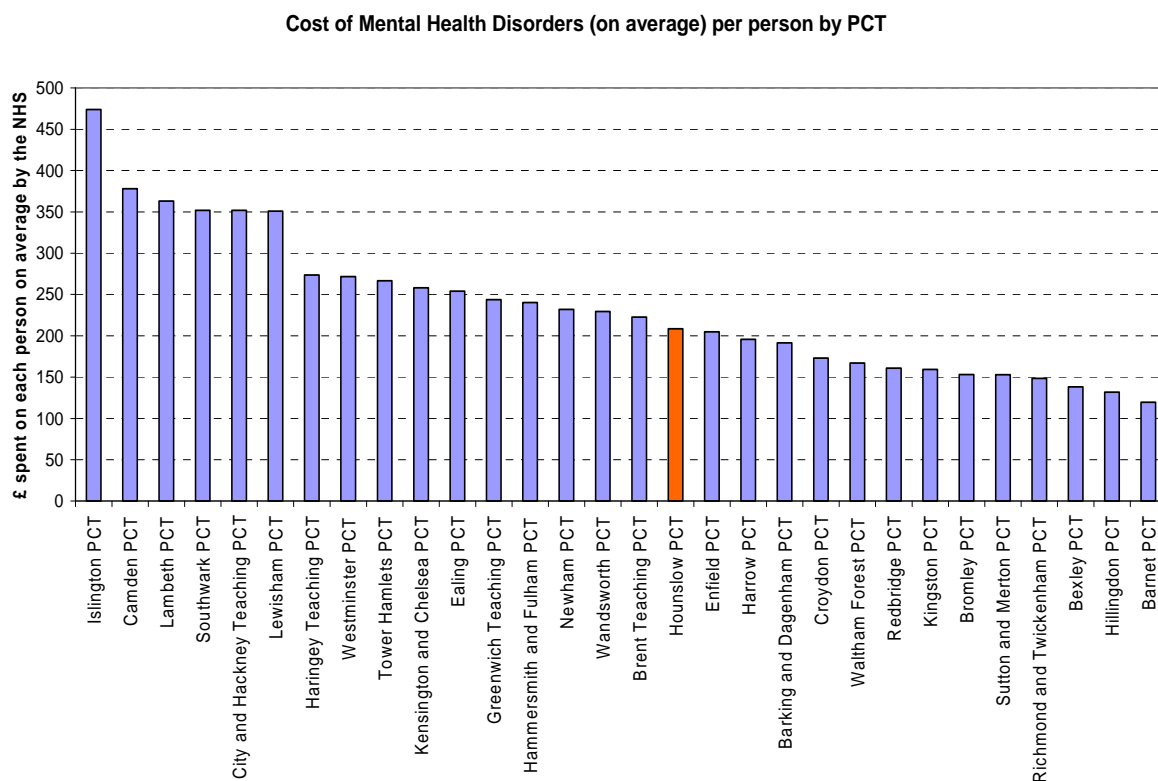
National Statistics London Suburbs area classification (cluster); *Indicates not within London
Source: http://www.statistics.gov.uk/about/methodology_by_theme/area_classification/datasets.asp

The PCTs clustered with Hounslow, are from outer London suburbs with similar attributes (ie. are likely to have similar socio-economic factors associated with higher rates of mental morbidity). Later, comparisons are made with London as a whole.

It should be noted that the headline figure for Programme Budgeting can be validated as accurate, however the accuracy of figures within sub- categories are affected by accurate coding and data entry of each mental health procedure.

Figure 22 provides details of the average cost of mental health disorders per person by PCT for the period 2006/07.¹³⁹

Figure 22: Average cost of mental health disorders per person



As shown in Hounslow average cost per person is just over £200. Of the eight London PCT's that are included in our London suburbs cluster only two – Ealing and Greenwich Teaching PCT - have a higher average cost per person.

Programme Budgeting data shown in Figure 23 suggests that Hounslow PCT spends less per 100,000 population on programme budgeting category Mental Health Disorders than the average for NHS London (9% less), but more than England (25% more) and more than the cluster of similar areas (10% more).

¹³⁹ **Note:** This does not include two of the PCTs which are part of the London suburbs cluster that Hounslow has been clustered with – ie. Luton and Slough.

Figure 23: The Cost of Mental Health Disorders: Local, Regional and National Spend

	Hounslow PCT			Cluster				SHA	National
	2006/07	Rank	% of Eng	Min	Max	Average	Range	NHS London	England
5 Mental Health Disorders	20,865,747	27	125%	11,965,024	25,423,173	18,881,665	13,458,149	22,932,241	16,652,741
5a Substance Misuse	1,878,105	40	136%	0	1,939,261	1,008,427	1,939,261	1,926,302	1,380,943
5b Organic Mental Disorders	218,043	133	15%	0	4,419,327	671,170	4,419,327	783,619	1,423,640
5c Psychotic Disorders	552,896	114	23%	0	9,717,316	2,354,544	9,717,316	3,463,899	2,383,595
5d Child and Adolescent Mental Health Disorders	696,273	109	57%	0	1,488,578	932,196	1,488,578	2,428,927	1,213,476
5x Other Mental Health Disorders	17,520,429	11	171%	6,890,130	20,329,192	13,915,327	13,439,062	14,329,494	10,251,087

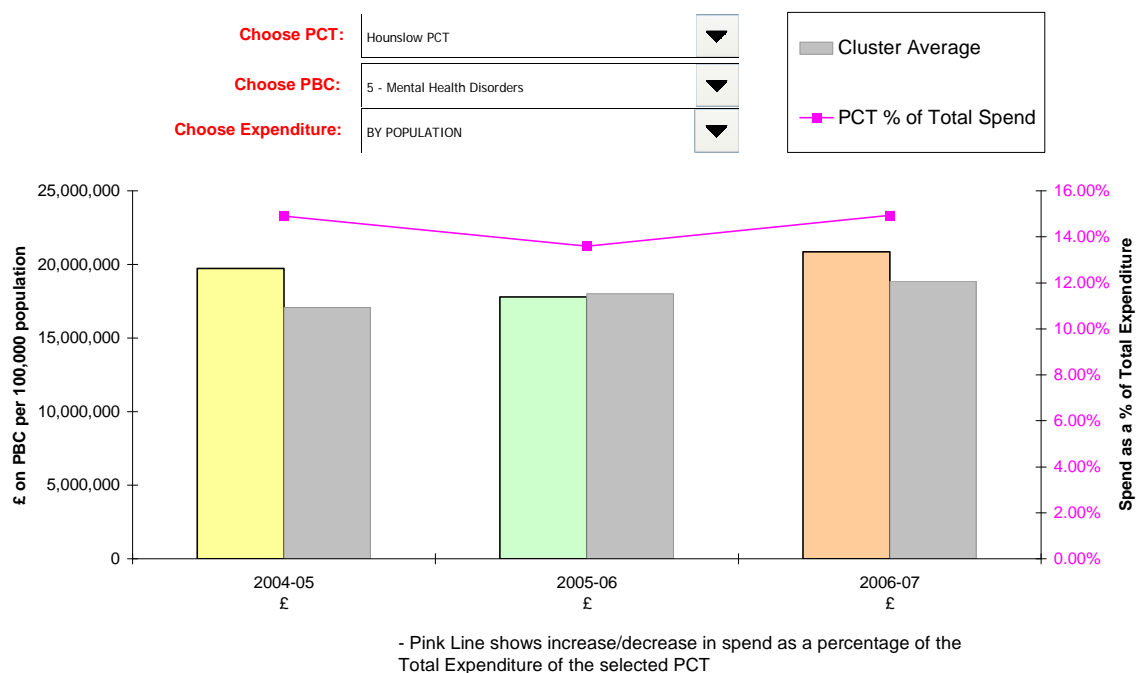
Source: <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en>

It should be noted that figures allocated in categories list 5a, 5b, 5c, 5d and 5x rely on accurate coding and data entry of each mental health procedure.

Of particular interest is the fact that of the £20,865,747 spent in Hounslow PCT on Mental Health Disorders, 84% of which is coded as *other mental health disorders (5x)*. A similar pattern is shown for England, NHS London and within the cluster of PCTs that Hounslow is grouped with. This is likely to be a coding issue and highlights the limitation of the use of programme budgeting data, as the category *other mental health* appear to operate as a convenient 'bucket category' for programme budgeting purposes. It is apparent that further work is required to scrutinise these costs. The action plan at the end of this strategy provides the detail of the work necessary to identify the services within this category, to map the pathways and allocate costs to the various components of mental health care, to inform future commissioning decisions.

Figure 24 provides details of spend on mental health disorders per 100,000 population in Hounslow and in the London Suburb cluster

Figure 24: Spend Per 100,000 Population On Mental Health Disorder For The Period 2004/06 To 2006/07

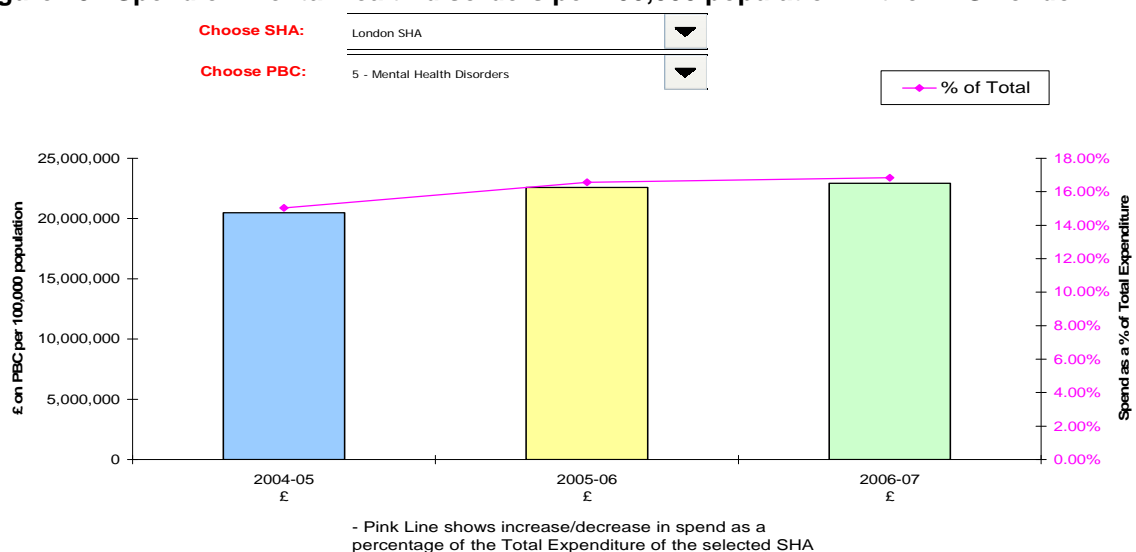


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Figure 24 also shows an increase in spend on mental health disorders in Hounslow over the three year period. The 'dip' in spend in 2005/06 relates to the point at which the budget was reduced as part of the PCT's financial recovery plan.

Figure 25 provides details of spend on mental health disorders per 100,000 in across NHS London.

Figure 25: Spend on mental health disorders per 100,000 population in the NHS London



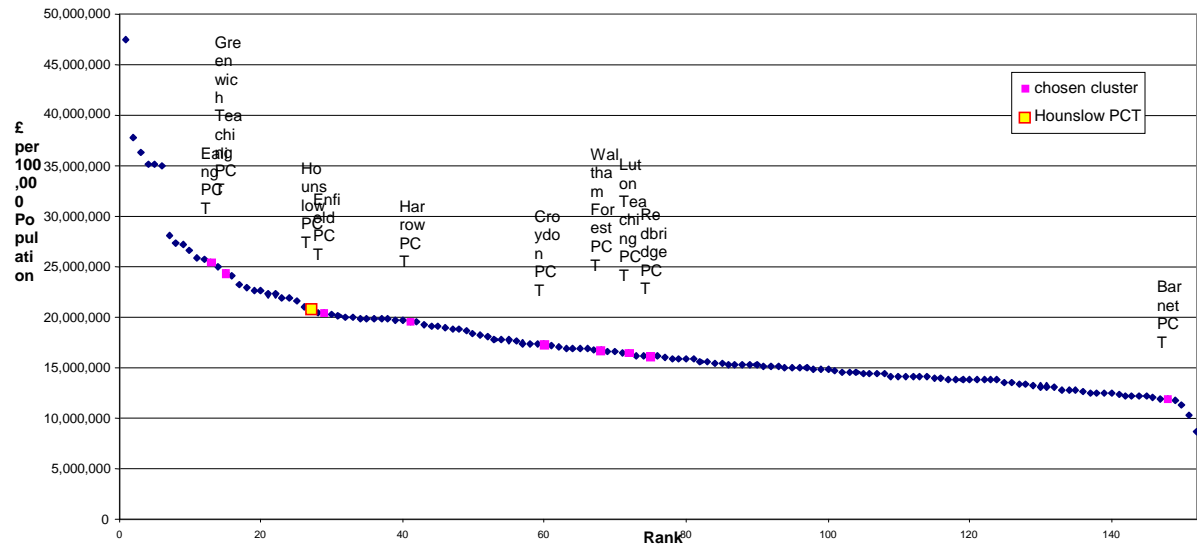
Source:

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en>

As shown, the average spend on mental health disorders across NHS London has been higher over the three year period compared to that of Hounslow, reaching approximately 17% of total spend in 2006-07.

Figure 26 shows Hounslow PCT spend per 100,000 for Programme budgeting category *Mental Health Disorders*, compared to other PCTs in our London Suburb cluster for the period 2006/07.

Figure 26: Hounslow PCT spend for *Mental Health Disorders* compared to London Suburb cluster

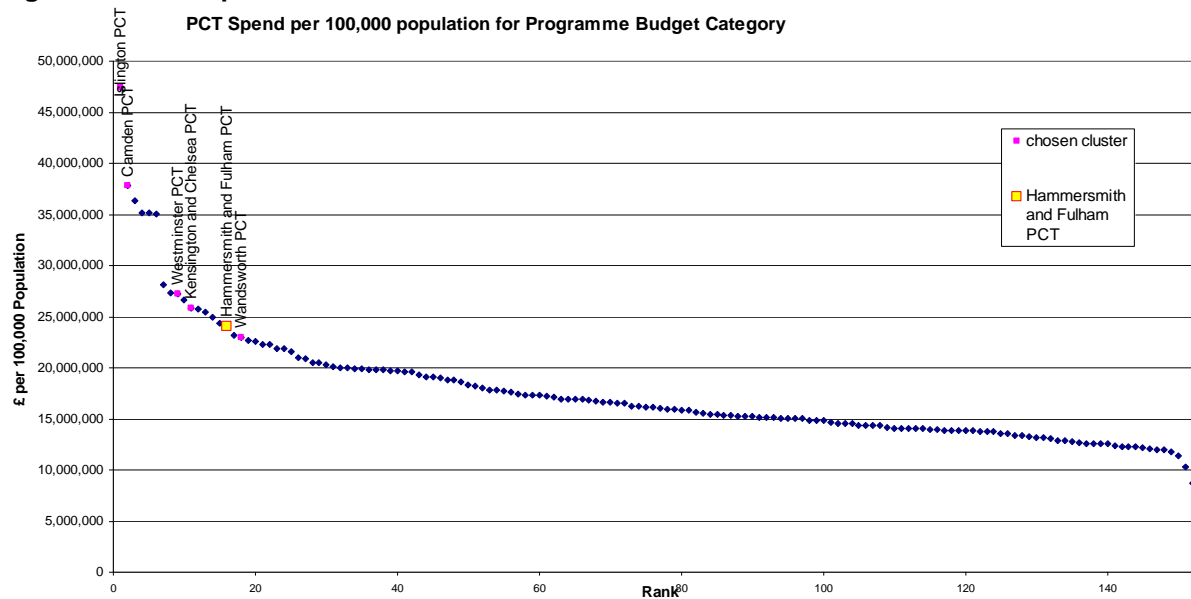


Source: <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en>

On average the total spend for Mental Health Disorders for Hounslow PCT per 100,000 population is the third highest in our cluster.

Figures 27 and 28 provide for comparison, details of the total spend for Mental Health Disorders for Hammersmith & Fulham PCT and Hillingdon PCT respectively. Neither PCT are included in our London suburbs cluster.

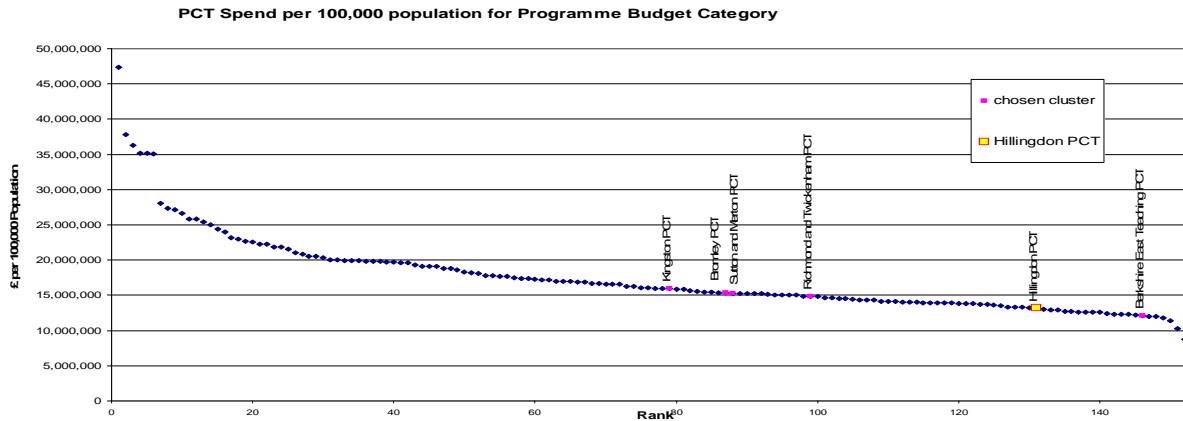
Figure 27: Total spend for Mental Health Disorders - Hammersmith and Fulham PCT



Source: <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en>

Figure 27 shows that Hammersmith & Fulham PCT spends £24.0 million per 100,000 population (£3.2 million *more* than Hounslow PCT) and has consistently been one of the top PCT spenders in England (ranked, 7th in 2004/5, 10th in 2005/6 and 16th in 2006/7)

Figure 28: Total spend for Mental Health Disorders – Hillingdon PCT

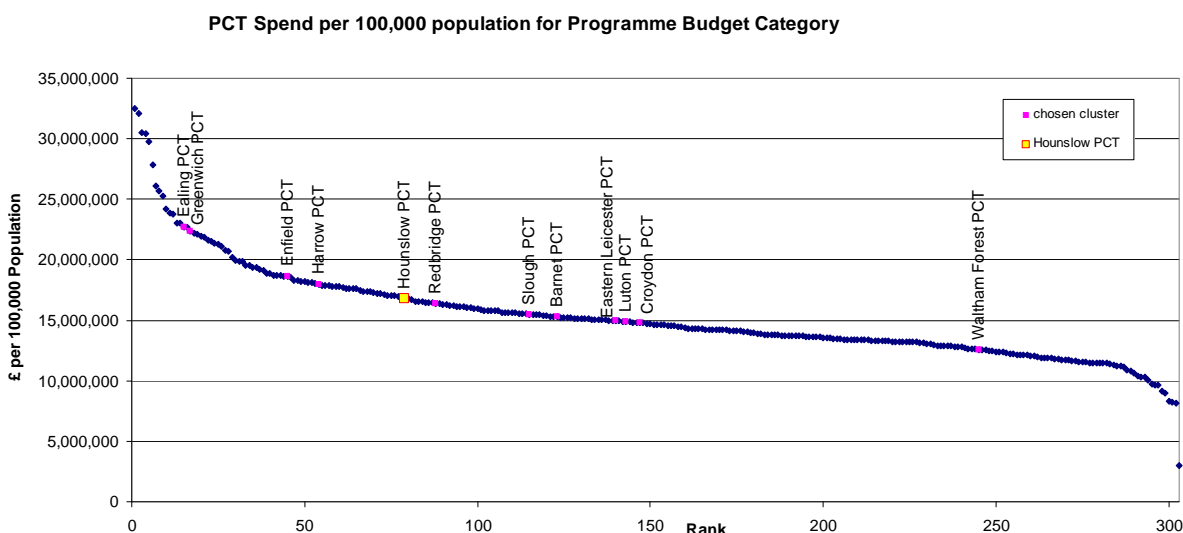


Source: <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/ProgrammeBudgeting/fs/en>

Figure 28 suggests that Hillingdon PCT spends £13.2 million per 100,000 population on mental health issues (£7.7 million *less* than Hounslow PCT); Hillingdon PCT spends less on programme budgeting category “mental health problems” than the average for either the North West London sector.

Figure 29 shows Hounslow in relation to the other PCTs in the London Suburb *supergroup*. Hounslow PCT appears to be average for the *supergroup*.

Figure 29 Hounslow PCT spend in 2005/06 for Programme budgeting category “Mental Health problems”



In summary whilst it is not easy to draw definitive conclusions from Programme Budgeting analysis, it does have the potential to provide some indication of trends and investment priorities that, when combined with other comparators, can help to inform the effective planning and commissioning of services and help to track future spending

5.3 National cost pressures

The annual social services finance survey¹⁴⁰ has shown that, whereas previously most overspend was attributable to children's services, in 2005/6 and 2006/7 pressures on adult services are proving to be of similar proportions to pressures on children's services. Thus, in 2005/6 there was a total national overspend of 1.3% purely on adult care services. In mental health the overspend nationally was 1.21%,

Over two thirds of local authorities already only provide services to those at substantial or critical risk and, with eligibility as the only control on demand and volume issues; many authorities are having to consider whether thresholds will have to rise. To date, the vast majority of authorities have held off raising the threshold to critical risk – one of the concerns being that taking services away from people at substantial risk may simply push them into the critical category faster. All of this is far from the desired policy direction both locally and nationally, and set out in the White Paper "Our health, OC, OS"¹⁴¹ but this may be the only place for authorities to turn if funding does not improve.

The current emphasis in terms of policy direction is on more early intervention and prevention together with self-directed support via individual budgets or direct payments. It may well be true that self directed support will lead to a better use of resources but it is also expected to lead to a further increase in demand and, if extended to those currently not eligible for care (as much of the work in this area suggests), will add financial pressure – albeit that resources might be more effectively deployed.

5.4 Local cost pressures

5.4.1 Financial situation

Both Hounslow PCT and LBH are working in a difficult financial climate. The PCT is required to achieve financial balance, so that the outstanding deficit can be repaid over the following two years. For 2008/9, the PCT is required to make a 3% budget reduction and to find additional savings of around £6m, equivalent to around 2% of total budgets. What effect this will have on mental health services is as yet unclear.

LBH, in its response to the DH's consultation on the future regulation of health and adult social care in England¹⁴², has stated "without the fair allocation of resources to both NHS and adult social care commissioners it will be difficult to sustain integrated commissioning of health and social care. LBH is concerned at the allocation of NHS

¹⁴⁰ Local Government Association *Social Services Finance 2005/06* (March 2006)

¹⁴¹ HMSO (Cm 6737) *Our health, our care, our say: a new direction for community services* (January 2006)

¹⁴² LBH *Response to DH Consultation The future regulation of health and adult social care in England* (February 2007)

resources to our local PCT and NHS Trusts and the consequential impact on Council budgets of NHS deficits.”

*Our health, our care, our hounslow*¹⁴³ gives an overview of the financial position, including financial pressures, the wide range of work both the PCT and the Council have undertaken to improve efficiency and reduce duplication, and the financial strategy for 2007-2010.

Both the Council and the PCT expect that available resources for health and care services will increase annually over 2007-10 by less than inflation. The financial strategy for 2007-10 will therefore seek:

- efficiency savings from provider organisations, as well as commissioning and management, especially through procurement and joint procurement at local and a wider West London level; and
- opportunities to invest to save - particularly in preventative services which will deliver savings particularly by switching resources from bed based to community services.

The joint financial strategy will also seek, between 2007-2010, to increase the share of total funding for adult and older peoples mental health services by reducing the proportion of available funding spent on other care services and sustain at least the current levels of funding for carers services.

5.4.2 Budgetary pressures

A key cost pressure is to achieve the targets on the Early Intervention Service, which deals with providing a specialist service to people with psychosis, in the community.

Another continuing outcome of cost pressures is that the local service did not recruit any graduate primary care mental health workers as required by the NSF and this may affect achieving the plan to increase capacity in primary care for low intensity psychological services.

Further pressures on budgets include tertiary referrals to expensive out of Borough services and continuing care and development of a modern primary care mental health service that is compliant with current guidance.

5.5 Workforce issues

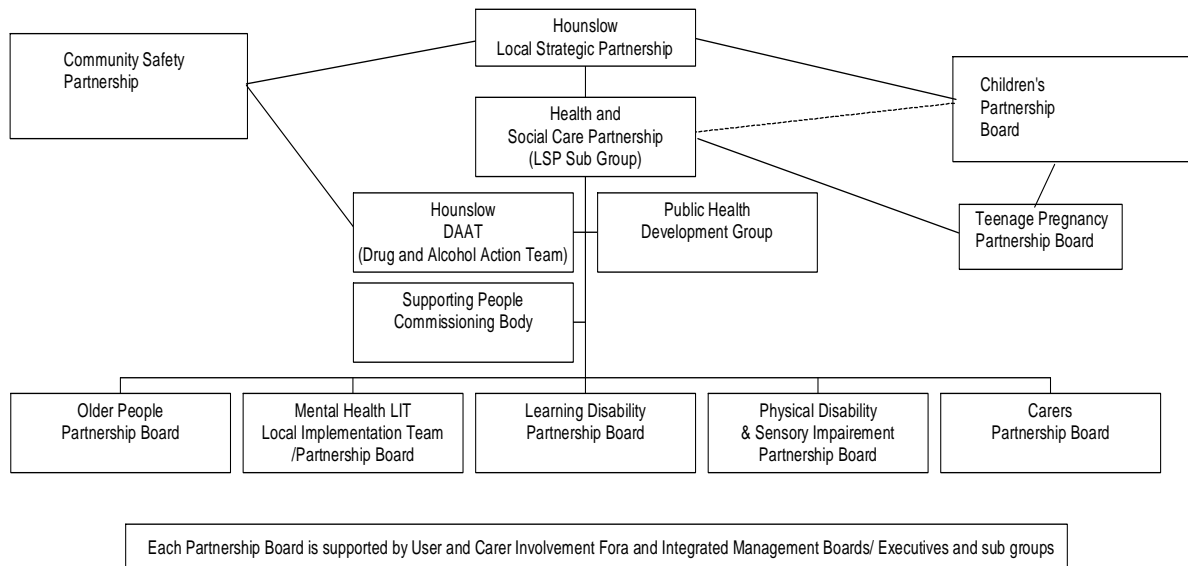
The principal workforce issue concerns approved social workers. The service has a substantially lower number than would be expected for its size. It has been found difficult to increase their number through in-house training and this is compounded by uncertainty caused by impending legislative change.

¹⁴³ Hounslow PCT, Hounslow HCS *Our Health, Our Care, Our Hounslow An overview of Joint Commissioning Strategies 2007-10* (in preparation)

CHAPTER SIX – PARTNERSHIP WORKING

The overall partnership arrangements are described in the diagram below:

Figure 30: Partnership arrangements in Hounslow



The general aims of the partnerships are to bring together representatives to key organisations, users and carers to identify local needs and inequalities and develop effective plans and services to improve the health and well being of the people of Hounslow.

Partnership arrangements will be reviewed as part of the 2007/8 work plan to ensure they remain appropriate to ensure engagement and involvement from service users, carers and stakeholders to meet these aims.

The current membership of the LIT (Partnership Board for Mental Health) is:

- Director of Local Services, WLMHT (Chair)
- Service Head, Adult Mental Health Services, Hounslow (WLMHT)
- Clinical Director, Adult Mental Health Services, Hounslow (WLMHT)
- Service Manager (WLMHT)
- Day Services Manager (WLMHT)
- PPI Forum (WLMHT)
- Mental Health Lead GP
- Senior Project Manager (HPCT)
- Assistant Director of Public Health (HPCT & LBH)
- Head of Adult Commissioning (HPCT & LBH)
- Service Development Coordinator (HPCT & LBH)
- Joint Commissioning Manager for Mental Health (HPCT & LBH)
- Assistant Director, HCS (LBH)
- Carers Development Manager (LBH)
- London Probation Service
- Carers Support and Project Coordinator (TASHA)
- Carers representatives (two)
- HUIP (two representatives)
- Voluntary sector mental health managers (three representatives)

CHAPTER SEVEN – COMMISSIONING AND CONTRACTING AND IN-HOUSE SERVICES

7.1 Outline of the market

HPCT and LBH jointly commission provider mental health services. These take the format of block contracts with well-established mental health trusts and smaller contracts with independent hospitals and third sector organisations. The bulk of “day” provision is commissioned from the voluntary sector.

The largest contract is with the WLMHT with a value of about £20m.

The joint commissioning team also manages four other small block contracts with a combined value of £850,000. These contracts are for specialist services not provided by the locally based provider and are with Central and North West London, Tavistock and Portman, South London and Maudsley and South West London and St George’s mental health trusts.

7.2 Barriers to Commissioning

A significant barrier is the perceived gap in the funding of mental health commissioning which is historical¹⁴⁴ indicating that Ealing and Hammersmith and Fulham PCTs received a greater funding allocation from the former Ealing, Hammersmith and Hounslow Health Authority.

Services require review to ensure that service development and good practice can support enhanced individual patient care. This needs to be examined by systems reviews for example ‘Ten High Impact Changes¹⁴⁵’ and user and carer reviews by developing new care pathway management systems.

The commissioning team will place greater emphasis on self-management and self-care with support and the role of primary care in the diagnosis and treatment of early onset mental health difficulties.

The contracts held with specialist provider trust have not yet been reviewed to assess if there are any benefits to investing locally to provide those services.

There seems to be a gap in ‘step up’ services from local mental health services and no ‘step down’ services from forensic services for what could be referred to as “specialist services”.

¹⁴⁴ Hounslow Social Services and Health Partnerships *Mental Health Commissioning Strategy for 2005/2008* (2005)

¹⁴⁵ NIMHE *Ten High Impact Changes for Mental Health Services* (June 2006)

CHAPTER EIGHT – MONITORING AND REVIEW

The actions in Appendix Five will be included in business plans and monitored by LBH and HPCT. Progress on implementing this mental health strategy will be monitored quarterly by the Mental Health Integrated Management Board and this will be reported to the LIT (Partnership Board). The Health and Social Care Partnership will review progress on this strategy at least annually.

The aims of this monitoring will be:

- to review implementation of the planned actions;
- to assess the effectiveness of current monitoring and performance management arrangements;
- to determine whether the planned actions are shaping services in the way intended and
- to amend planned actions in the light of these reviews and changing circumstances.

WLMHT experienced significant data problems between October 2006 and July 2007, as the Trust moved towards a clinically based system. The three PCT's commissioning local services from WLMHT have designed a performance assessment framework covering both qualities and penetrative information which will be added to the Trust 'dashboard' reporting system for Quarter 3 in 2007/2008.

It has been agreed that a formal quarterly contract monitoring meeting will be held, attended by the three PCTs. Local service developments and performance issues will be resolved bi-monthly at local meetings led by the Senior Joint Commissioning Manager.

CHAPTER NINE – OVERVIEW OF INTENTIONS

9.1 How priorities have been decided

Some of the priorities proposed in this chapter are dictated by Government policy; others are the product of local needs or of previous strategies for mental health and other local policies. They are also constrained by the challenging financial position that the Borough – and in particular the PCT – are facing.

The development of this document has taken account of discussions at the Hounslow LIT, Integrated Management Board for Mental Health Services and with various stakeholders including managers and service users and carers.

9.2 Priorities to maintain

The priorities for the next three years will include:

9.2.1 Day activity and employment

A joint strategy on provision of day services, including the Day Hospital, which focuses on recovery, social inclusion and vocational outcomes, will be agreed with providers during the first year and will be implemented during years two and three.

A strategy¹⁴⁶, currently in development, to increase access to employment opportunities for service users will be implemented, starting in year one. This will help the PCT and LBH to become exemplar employers.

As part of a significant expansion of Leaders, the employment training agency operated by the LBH, two new mental health posts were established. The two new workers support people with mental health problems into paid employment, through a structured programme that is being developed.

One of the two new mental health posts is a senior post. As well as working directly with people with mental health problems, the senior post holder will undertake a development role – this will include talking to employers and encouraging them to make opportunities available to Leaders' clients.

9.2.2 Housing

Further work will be undertaken throughout the period, to fill identified gaps in the range of accommodation available. This will help to prevent out of Borough placements and may allow further repatriation of those who remain out of Borough. It should also allow the discharge, or moving on, of people who are stuck in hospital, or in accommodation with levels of support that are higher than is necessary.

¹⁴⁶ Housing & Community Services Department, LBH *Empowering People To Work - Report of Empowering People to Work Strategy Reference Group* (in preparation)

9.2.3 Carers

A recent mapping exercise highlighted the need to develop a specific local advocacy service for carers. Advocacy is currently purchased on an individual needs basis and possible service models, alongside funding options, are being explored.

Other matters to be explored in future include:

- options for a carers website and dedicated e-mail response line for carers;
- research is under way for an appropriate alert identification for carers; and
- the impact of the Carers Act¹⁴⁷,¹⁴⁸ on assessments and the consequent need to work with employers (starting in-house).

9.3 Decommissioning options

In line with national and local policy we are not planning to increase the number of registered residential care homes locally. Where such services no longer continue to meet the needs of the local population we will work with the housing team and housing association partners to develop more supported living and accessible accommodation.

We will seek to reduce the numbers in residential and nursing homes outside Hounslow. We will continue to make best use of care home and supported housing vacancies locally. We will work with providers to de-commission or reconfigure services that continue to have vacancies, particularly PCT funded services.

A review will be undertaken of the contractual arrangements with and services provided by the Tavistock and Portman NHS Foundation Trust, with a view to commissioning these services locally.

During the period that this strategy is current, should it become necessary to consider decommissioning any service, a health impact assessment or a similar process, involving both the PCT and LBH, will be used.

9.4 Reshaping services and shifts in existing provision

9.4.1 Day activity and employment

In the next three years commissioning of day services will continue to shift towards services that:

- are focused on developing independence and social inclusion;
- provide a wider range of specific meaningful activities, rather than being drop-in centred;
- support people wishing to return to work;
- support people to re-train in a mainstream setting and

¹⁴⁷ Carers UK *The Carers (Equal Opportunities) Act 2004 Parliamentary Briefing* (September 2004)

¹⁴⁸ DH *Carers and Disabled Children Combined Policy Guidance Act 2000 and Carers (Equal Opportunities) Act 2004* (August 2005)

- are open at weekends and in the evenings.

This will be achieved partly through renegotiation with existing providers and if necessary, by switching to service level agreements with new providers.

Key Principles for refocusing day services

- promote recovery;
- focus on community participation ;
- reduce social isolation;
- offer opportunities for people with mental health problems to provide support each other and to run their own services;
- maximise choice and self determination;
- meet the needs of other diverse groups;
- ensure that services are accessible to people who are more seriously disabled; by their mental health problems;
- involve users and carers;
- increase the diversity of provision and
- improve cross sector working.

Key functions of day services¹⁴⁹ will be to:

- provide opportunities for social contact and support;
- support people to retain existing social roles, relationships and existing social / leisure activities that they value;
- support people to access new roles, relationships and mainstream social/leisure opportunities of their choosing and
- provide opportunities for people with mental health problems to run their own services.

9.4.2 Primary care mental health services

9.4.2.1 Supporting primary care

Considerable work needs to be undertaken to support primary care in identifying, managing and maintaining people with mental health needs. This also needs to take account of the impact of both policy and resources on secondary care services. The outcome must be that local people get the right input in a timely manner and that organisational boundaries between primary and secondary care do not have an adverse impact on their care.

Key areas to develop are:

- shared care protocols;
- effective discharge planning from secondary care to primary care, specifically reviewing current communication pathways;

¹⁴⁹ Dept of Health *From Segregation to inclusion: Commissioning Guidance on day services for people with mental health problems*

- effective links between primary CMHT's, developing care pathways for specific diagnostic conditions;
- ways of supporting GPs to develop, or maintain, skills that enable them to work effectively with people with mental health problems. This is especially in relation to the assessment of need, the response to this, local options for intervention, and working in partnership with secondary care, partially participating in CPA reviews;
- ongoing review of the effectiveness and take up of primary care counselling and
- approaches agreed with primary care and joint commissioning that allow the mental health requirements described in the Quality Outcomes Framework to be used to support this;

9.4.2.2 *Implementing best guidance*

The Associate Director Healthcare Procurement (Primary Care and Community Services) has confirmed that the guidance¹⁵⁰ will be used by the primary care commissioners and the QOF team to support the development of primary care mental health services in Hounslow.

This document is seen as being extremely helpful in that it supports the management of mental health as a long-term condition and builds on primary care mental health work plans already agreed. However, it does need to be acknowledged that mental health forms only part of a GP's caseload and the QOF requirements are 3 elements amongst 14 clinical categories so consequently not all GPs will prioritise this guidance.

There are a number of PCT structures and processes through which best practice guidance can be implemented:

- the QOF team and data quality facilitators currently work with practices to support accurate data recording for registers. This can be strengthened by standardising the coding of mental health diagnosis as mentioned in Best Practice Guidance and
- pre-payment verification checks are carried out by the PCT across all practices in a 2-week period after the 31st March. Compliance with specified mental health elements will be assessed as part of this process and, whilst this focuses on payment, will enable review of specific mental health elements at an individual practice level.

The data quality facilitators will move to the primary care commissioning team as part of the PCT restructure. This will facilitate:

- a PCT wide approach to using QOF to support the development of primary care services
- greater links between commissioning and QOF teams and

¹⁵⁰ British Medical Association *Quality and outcomes framework guidance* (August 2004)

- support for GPs to systematically develop and maintain the mental health QOF requirements.

In future the PCT will hold an annual event to review lessons learned through the QOF performance (including the mental health elements) and the effectiveness of the QOF process. In 2007/08 there will be a focus on the use of this guidance and the PCT will be able to provide feedback to WLMHT.

The primary care commissioning team will ensure that this guide is sent to all GPs and the PCT will involve the GP QOF assessors in its practical implementation.

At present a monthly clinician forum is held with Richmond & Twickenham and Hounslow GPs and WMUH. The clinician forum may consider having mental health as the topic for one of these and inviting WLMHT to participate.

9.4.3 Ten high impact changes in mental health

The following high impact changes have been assessed as having the greatest positive benefit to service users, carers and on service outcomes within the Borough. There is a commitment develop and implement the following:

Treat home based care and support as the norm for the delivery of mental health services – commissioners will work with WLMHT to agree a strategy to meet this target. The mental health Home Treatment Team will be strengthened to ensure that early discharge from hospital care is better supported.

Improve flow of service users and carers across health and social care by improving access to screening and assessment – specific requirements will be put into contracts for the timely exchange of access information on referral from and discharge to primary care, to ensure a seamless transfer of care across CMHTs and primary care.

Manage variation in access to all mental health services – implementation of the Stepped Care Approach will establish a systematic approach to screening, assessment and onward referral to the correct level intervention for patients who present with anxiety and depression. A review of the counselling services and wider psychological services will aim to manage variation in access to psychological services.

Avoid unnecessary contact for service users and provide necessary contact in the right setting - commissioners will work with the QOF team and WLMHT to support GPs to manage stable but serious mental health problems in primary care. The systematic approach established in the Quality and Outcomes Framework to review the physical health of people with mental health problems will be strengthened by ensuring that good communication processes are in place to enable effective exchange of information across primary and secondary mental health services.

9.4.4 Dual Diagnosis

The Dual Diagnosis Strategy includes an action plan that will in the first phase of implementation look particularly to:

- strengthen and systematise the Substance Misuse Services (SMS) in reach to Lakeside inpatient unit;
- ensure that the inpatient unit can achieve detoxification to managed best practice;
- look at ways to build up and cascade training between the two services;
- build shared clinical governance pathways. The clinical governance pathways in HAMHS are well established and we will seek representative attendance from SMS at the appropriate service and clinical improvement groups;
- ensure that all staff receive dual diagnosis training as part of primary and secondary induction;
- derive some joint assessment tools to build good practice;
- generate user satisfaction material.

The Drug and Alcohol Social Work Team have a programme of training which will be rolled out and available to all statutory and partner agencies to this strategy. This training can be tailored to varying needs across the services.

9.4.5 Mental Health & Learning Disability

Initial action plan for Hounslow:

- seek commitment and sign-up of local consultants to this programme;
- introduce joint training, secondments, shadowing and day release of workers;
- establish a clinical advisory group, including representation from substance misuse services;
- launch Hounslow's joint protocol through a local Green Light event, followed by regular briefings;
- gather service users and carers' experiences of service provision and feed these back to inform planning and commissioning.

9.4.6 Personality disorder

Action is required to:

- discuss how the LIT and wider health and social care, justice and voluntary sector, communities can contribute to the WLMHT managed clinical network initiative;

- assess the impact of Early Intervention Psychosis (EIS) services in the assessment of emerging adolescent personality disorder cases.
- consider the appropriate time to develop a Personality Disorder Strategy, which could affect the future commissioning of a locally based service, including practice based commissioning.

The development of the Borderline Personality Disorder service will give the opportunity to engage with drug and alcohol services in the review of care pathways.

Given the current financial climate additional investment and recourses for the development of personality disorders are not anticipated prior to 2009/10.

Appendix One – Autumn Assessment 2005 comparison of London LITs

	North West							North Central					North East						South East					South West						Red	Amber	Green					
	Brent	Ealing	Hammersmith & Fulham	Harrow	Hillingdon	Hounslow	Kensington & Chelsea	Westminster	Barnet	Enfield	Haringey	Camden	Islington	Tower Hamlets	City & Hackney	Newham	Barking & Dagenham	Havering	Waltham Forest	Redbridge	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Croydon	Wandsworth	Richmond & Twickenham				Sutton	Merton	Kingston		
Carer Support Workers	G	G	red	G	A	G	G	red	A	A	A	G	G	G	red	A	G	G	A	G	G	G	red	red	red	G	red	red	red	red	A	G	10	7	15		
Graduate primary Care Workers	red	A	red	red	red	red	red	red	A	red	A	G	G	A	red	G	red	red	G	red	red	red	red	red	red	red	red	red	red	red	red	red	red	24	4	4	
Primary-Secondary Interface	G	G	G	G	G	red	G	G	A	A	A	G	G	A	G	A	A	G	G	A	A	A	G	G	G	A	A	A	A	A	A	A	G	1	15	16	
Assertive Outreach	G	A	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	A	G	A	A	A	G	G	G	G	G	G	G	G	G	G	0	6	26	
Crisis Resolution	G	G	G	A	G	G	G	G	G	A	G	G	G	G	G	G	G	A	G	A	G	G	G	G	G	G	G	A	A	A	A	A	A	0	9	23	
Early Intervention in Psychosis	A	A	red	A	A	A	G	A	A	red	red	G	G	G	G	red	A	A	red	red	red	red	G	A	A	A	A	A	red	A	A	red	A	10	15	7	
Secure Places / Intensive Care	G	G	A	A	G	G	A	A	A	A	G	G	G	A	A	A	A	A	A	G	G	G	G	G	A	A	A	G	G	G	G	G	G	0	15	17	
Inpatient Services User Feedback	G	G	G	G	A	A	G	G	G	A	A	G	G	A	G	G	G	G	A	G	G	G	G	G	G	A	A	G	G	G	G	G	G	0	8	24	
Star Worker	A	G	A	A	A	A	G	A	red	red	A	A	G	red	G	A	red	G	A	red	G	A	A	A	G	A	red	red	A	A	red	A	A	8	17	7	
Prison (MH) Services	G	G	G	G	G	G	G	G	G	G	G	G	G	A	G	A	A	G	A	A	G	G	G	G	G	G	A	G	G	G	G	G	A	0	7	25	
Gender Sensitive Services	A	A	G	A	G	G	G	G	G	A	G	G	G	G	G	A	A	G	A	A	A	G	G	G	A	G	A	A	A	A	A	A	A	G	0	15	17
Housing	A	A	G	A	A	A	A	G	G	A	A	G	G	A	A	A	G	A	G	A	A	A	A	A	A	A	A	A	A	G	A	red	A	1	23	8	
Local Strategic Partnerships	G	G	G	G	G	G	A	A	G	A	G	G	G	A	G	A	A	G	G	A	G	A	G	G	G	G	A	G	G	G	G	G	G	0	9	23	
User Led Services	A	A	A	A	A	A	A	G	G	A	A	A	G	G	A	A	A	G	A	A	A	A	G	A	A	A	A	A	A	A	A	A	A	G	0	24	8
The Mental Health of People with LD	A	A	A	A	G	G	G	G	A	A	A	A	G	A	A	A	G	A	A	G	A	A	G	A	A	A	A	A	G	A	A	A	G	A	0	22	10
Help with employment	A	G	A	G	G	A	A	G	G	A	G	A	G	A	G	A	A	G	G	G	G	A	G	G	A	G	A	G	G	G	G	G	G	G	0	12	20
Vocational and social outcomes	A	A	A	G	G	A	G	G	A	A	A	A	G	A	A	G	G	G	A	A	G	G	A	A	A	A	A	A	A	A	A	A	A	G	0	19	13
Data monitoring and governance	A	G	G	G	G	G	A	G	G	A	A	A	G	A	A	A	A	A	A	A	G	G	G	G	G	G	G	G	G	A	G	G	G	G	0	13	19
"Delivering Race Equality"	A	G	G	G	A	G	A	G	G	A	G	A	G	G	G	G	G	G	G	A	G	G	G	G	G	G	G	G	A	A	A	A	G	A	0	9	23
Community Development Workers	G	G	A	red	A	G	G	A	red	red	A	A	A	red	A	A	A	red	A	G	red	red	red	red	red	red	A	red	red	red	red	red	red	red	16	11	5
Representative Workforce	G	G	A	G	G	G	G	G	G	G	G	G	G	A	G	G	A	G	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G	0	4	28	
Care Co-ordination	G	G	G	G	G	G	G	A	G	G	A	A	A	A	G	A	G	A	A	red	G	G	A	A	G	A	A	A	G	G	G	G	G	G	1	13	18
Age specific services	G	G	G	G	G	G	G	G	G	G	G	G	A	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	0	1	31

Appendix Two – Autumn Assessment 2006 comparison of West London LITs

Self Assessment 2006/07

	Target	H&F	Hounslow	Ealing
1	Graduate Workers	Amber	Red	Green
2	Primary Secondary interface	Amber	Amber	Amber
3	Crisis Intervention	Amber	Green	Green
4	Early intervention in psychosis	Green	Amber	Green
5	Secure places/ intensive care	Green	Green	Amber
6	StaR workers	Green or Amber	Amber	Green
7	Local strategic partnerships	Green	Green	Amber
8	The mental health of people with learning disabilities	Amber	Green	Amber
9	Vocational support	Amber	Amber	Green
10a	Black and minority ethnic people's services	Green	Amber	Amber
10b	Implementing the policy Delivering Race Equality in Mental Health Care	Green	Amber	Amber
10c	Community Development workers Black and Moniroty Ethnic Communities)	Green	Green	Red
11	Co-ordination between age specific services	Amber	Green	Green
12	Governance	Amber	Green	Green
13a	Service User involvement	Green	Amber	Green
13b	Carer involvement	Green	Green	Green
13c	Not for profit sector involvement	Green	Green	Green
14	Employment of service users	Amber	Amber	Amber
15	Suicide prevention	Green	Green	Green
16	Advocacy	Amber	Green	Amber
17	Mental health promotion – standard one strategy		Green	Green
18a	Specialist services	Green	Green	Green
18b	Specialist services – personality disorder	Green	Amber	Amber
19	Mental Health Act 1983, section 135/136/ places of safety	Green	Green	Green
20	Improving access to psychological therapies	Amber	Amber	Green
21	Choice	Amber	Amber	Amber
	Total numbers:			
	RED		1	1
	AMBER	11/2	11	10
	GREEN	12/13	14	15

Appendix Three – Net Statutory Expenditure on Mental Health and Social Care in Hounslow 2006/07

RESIDENTIAL & NURSING CARE	INDEPENDENT LIVING AND SUPPORT AT HOME AND SUPPORTED HOUSING OPTIONS	WHAT PEOPLE DO																						
<table border="0"> <tr> <td>LBH Spot</td> <td style="text-align: right;">£681k</td> </tr> <tr> <td>LBH Block Together Garthowen</td> <td style="text-align: right;">£186k</td> </tr> </table>	LBH Spot	£681k	LBH Block Together Garthowen	£186k	<table border="0"> <tr> <td>Domiciliary Care</td> <td style="text-align: right;">£96k</td> </tr> <tr> <td>Direct Payments</td> <td style="text-align: right;">£109k</td> </tr> <tr> <td>Supported Housing Block 97 London Road</td> <td style="text-align: right;">151k</td> </tr> </table>	Domiciliary Care	£96k	Direct Payments	£109k	Supported Housing Block 97 London Road	151k	<table border="0"> <tr> <td colspan="2"><u>Day Care</u></td> </tr> <tr> <td>Spot</td> <td style="text-align: right;">£25k</td> </tr> <tr> <td>Block</td> <td style="text-align: right;">£300k</td> </tr> <tr> <td>In House 95 London Rd</td> <td style="text-align: right;">£218k</td> </tr> <tr> <td colspan="2"><u>Access</u></td> </tr> <tr> <td>User led service Number Ten</td> <td style="text-align: right;">£76k</td> </tr> </table>	<u>Day Care</u>		Spot	£25k	Block	£300k	In House 95 London Rd	£218k	<u>Access</u>		User led service Number Ten	£76k
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This excludes NHS expenditure on acute hospital care, therapy and community nursing and primary care (GPs, dentists and opticians).

TOTAL: £1,842,000

Action plan reflecting commissioning intentions

Area of activity	2008 - 09	2009 - 10	2010 - 11
Increase understanding of mental health spend	<ul style="list-style-type: none"> ➤ For NHS clarify areas covered by programme budgeting and relate to activity provided by NHS Trusts ➤ Submit business case for extended psychiatric liaison service for WMUH (to Accident & Emergency and wards) to improve support to mental health users ; ensure appropriate coding of WMUH activity and reduce inappropriate, or extended periods of admissions, and associated costs to acute wards ➤ Review spend from Mental Health Grant top ensure support for commissioning strategy and associated developments as well as maintaining appropriate services ➤ To decommission the service provided by the Tavistock & Portman NHS Trust and reinvest the funds in local services ➤ To continue to work with CNWL, and SWL & StG to ensure that services are being funded for all for people registered with a Hounslow GP 	<ul style="list-style-type: none"> ➤ Review balance of spend on community and bed based services and break down within NHS, Council and Mental Health Grant) ➤ Indicate to providers service changes required ➤ Clarify the impact of the pattern of spend on the delivery of targets for health and for social care and agree courses of action to ensure delivery 	<ul style="list-style-type: none"> ➤ Implement agreed changes
Understand the local population and need through engagement in the Strategic Needs Assessment process	<ul style="list-style-type: none"> ➤ Use JSNA processes to increase our understanding of mental health patterns and trends in our local population 	<ul style="list-style-type: none"> ➤ Use information gained from JSNA to identify any service changes that are needed and cost implications of these 	<ul style="list-style-type: none"> ➤ Implement identified and agreed JSNA actions
Mental Health & Well-being	<ul style="list-style-type: none"> ➤ Identify resources to commit to his through access to new funding or reallocation of existing ➤ Develop working relationship with LINKs to ensure understanding of local view and involvement in any developments ➤ Integrate agenda into contracting processes 	<ul style="list-style-type: none"> ➤ Monitor impact of contract changes 	
Mental Health promotion	<ul style="list-style-type: none"> ➤ Integrate agenda into service specifications ➤ Agree work plan with Public Health teams and commissioning 	<ul style="list-style-type: none"> ➤ Monitor impact of contract changes 	

Area of activity	2008 - 09	2009 - 10	2010 - 11
Developing capacity in primary care	<ul style="list-style-type: none"> ➤ To revise the primary care model for mental health. ➤ To develop an intermediate care service across the secondary/ primary care interface, that implements health and well being mental health services in primary care. ➤ To continue to work with the primary care QOF and prescribing teams to support improvements in primary care through active support, by analysing practice and spend eg on mental health drugs and using the QOF points system to encourage best practice in primary care mental health ➤ To provide Practice Based Consortia with a breakdown of their mental health spend activity beginning with primary care counselling and agree further information to be provided ➤ To agree a 2 year programme for developing shared care protocols with primary and secondary care for depression, anxiety, schizophrenia ➤ To introduce from WLMHT an advice service for primary care for people with neuro-developmental conditions e.g. aspergers and increase the expertise in adult services for younger clients and seek to identify need for a more established service ➤ To carry out work required to enable the PCT to submit a bid for national funding available from the Increasing Access to Psychological Therapies (IAPT) programme ➤ To agree a development programme for the primary care workforce on mental health 	<ul style="list-style-type: none"> ➤ To increase funding for activity in primary care mental health activity by shifting this from secondary care ➤ To further develop a service or increase expertise in supporting primary care and clients in adulthood with neuro-developmental disorders ➤ Review the current primary care counselling contract service specification (which expires in 2010) to inform decision on what will be re-tendered for a new service ➤ To develop further shared care protocols and review those implemented in previous year ➤ To deliver the primary care development programme with the support of WLMHT ➤ To review the benefits of the advice service for primary care for people with neuro-developmental conditions and confirm future service requirements 	<ul style="list-style-type: none"> ➤ Tender primary care counselling service taking account of any new guidance and developments locally and nationally in the delivery on psychological therapies

Area of activity	2008 - 09	2009 - 10	2010 - 11
Day activity, employment and social inclusion	<ul style="list-style-type: none"> ➤ Joint Commissioning team to lead a review of day services delivered by the voluntary and statutory sector and by mental health users ➤ Further develop work with Leaders and Job Centre Plus to ensure that services for clients with mental health needs are meeting their need and developing an action plan to meet areas for development ➤ Support the Twinings initiative working with primary care to address employment needs of people with mental health needs being supported by primary care ➤ To support of all related Local Area Agreement targets 	<ul style="list-style-type: none"> ➤ To continue to support the LBH Empowering Disabled People to work policy ➤ To implement actions agreed following the review of day services incorporating learning and good practice from the primary care employment project ➤ To work with LBH and the local NHS to encourage them to become an exemplar employer of people with mental health needs ➤ To support of all related Local Area Agreement targets ➤ To work with the providers of local leisure services to ensure, as a minimum, equity of access for people with all disabilities, including mental health 	<ul style="list-style-type: none"> ➤ Continue to increase the proportion of pole with mental health problems in work and accessing community facilities ➤ To be able to demonstrate an increase in the number and range of services available in the borough including user led services ➤ To be able to demonstrate a care pathway the sees clients progress through the range of services and therefore appropriate use of each "tier" of service
Adhering to guidance and implementing best practice	<ul style="list-style-type: none"> ➤ To audit the new communication standards for primary and secondary care in the PCT SLA with WLMHT and to agree an action plan ➤ Address findings of Health Care Commission review of WLMHT SUI investigation ➤ To implement the best practice guidance for the Hounslow Local Implementation Team (LIT) ➤ Confirm requirements for mental health services in relation to the 18 week (waiting) target ➤ Review contracts and service specifications to ensure that Safeguarding responsibilities are explicit and that all staff are appropriately trained, so that vulnerable people are protected from abuse, neglect or self-harm 	<ul style="list-style-type: none"> ➤ Develop an action plan and any associated protocols for adherence to NICE guidance and plan for future requirements ➤ Develop or refine a plan to meet requirements for mental health services in relation to the 18 week target 	<ul style="list-style-type: none"> ➤ Develop an action plan and any associated protocols for adherence to NICE guidance and plan for future requirements ➤ Continue to shift the balance of treatment availabilities to include a fuller range of psychological therapies

Area of activity	2008 - 09	2009 - 10	2010 - 11
Dual diagnosis	<ul style="list-style-type: none"> ➤ To work with substance misuse commissioners and providers to implement the Dual Diagnosis strategy and agree one specific project for completion in year noting that this needs to focus on all tiers of mental health and substance misuse not only those with severe and enduring need ➤ To agree protocols for dual diagnosis clients ➤ To identify training and development needs for primary and secondary care workforce 	<ul style="list-style-type: none"> ➤ To deliver an agreed development programme for staff ➤ To review the Dual Diagnosis strategy and implement further service changes as agreed with commissioners and by CNWL, WLMHT, WMUH and primary care 	
Increasing the range of local housing options	<ul style="list-style-type: none"> ➤ To provide additional supported accommodation in line with need identified and prioritised within the Supporting People strategy ➤ To ensure best use of the choice based lettings scheme and LBH allocations policy to ensure "move –on" mental health clients are afforded the best opportunities for permanent housing 	<ul style="list-style-type: none"> ➤ To review the options and need for low cost home ownerships in the Borough and work with local housing providers to meet this if required ➤ To continue to support the mental health changes agreed as part of the Supporting People Commissioning strategy 	<ul style="list-style-type: none"> ➤ To review adequacy of local housing and housing support provision in light of any changes to NHS or LBH bed based services
Continuing care	<ul style="list-style-type: none"> ➤ To introduce with WLMHT a dedicated service to review all NHS funded mental health continuing care clients with a view to ensuring the client still meets the criteria for NHS funded care and is placed in the most appropriate setting ➤ To use the review process to inform changes to contracting arrangements for placements ➤ To introduce a PCT contract for all spot placements and adhere to DH guidance re special observations and "specialing" ➤ Strengthen processes to ensure timely placement of clients and best value from these 	<ul style="list-style-type: none"> ➤ To develop specific plans for new services identified to ensure cost effective commissioning especially for areas of high cost and low volume services 	

Area of activity	2008 - 09	2009 - 10	2010 - 11
Service user, carer and public involvement	<ul style="list-style-type: none"> ➤ To support the new LINKs service to understand local mental health services and need ➤ Develop action plans to address issues raised by NHS provider patient survey ➤ To agree and implement a mental health carers strategy ➤ To support the philosophy and the actions contained in the LBH Carers Strategy for 2008 – 11 ➤ To confirm with WLMHT and the PCT their arrangements for ensuring patient and public involvement in service development and change given the introduction of LINKs but ongoing NHS responsibilities for this activity 	<ul style="list-style-type: none"> ➤ Explore how service users and carers can contribute to review of contracted services and participate in tender processes ➤ Review current and develop action plans to address issues raised by NHS provider patient survey ➤ To support the philosophy and the actions contained in the LBH Carers Strategy for 2008 – 11 ➤ To demonstrate changes made to services as a result of feedback from users and/or carers 	<ul style="list-style-type: none"> ➤ To support the philosophy and the actions contained in the LBH Carers Strategy for 2008 – 11 ➤ To demonstrate changes made to services as a result of feedback form users and/or carers ➤ Review current and develop action plans to address issues raised by NHS provider patient survey
Increasing access to mental health services	<ul style="list-style-type: none"> ➤ Develop an action plan with WLMHT and LBH/HPCT Learning Disability teams for people with a Learning Disability in line with the DH "Green Light for Mental Health" ➤ Deliver the Transition protocol agreed with Housing and Community Services and Children and Lifelong Learning 	<ul style="list-style-type: none"> ➤ Review action plan and agree any change in resources and practice required to deliver further service improvements ➤ Review the impact of the transition protocol and establish requirements for service model changes for circa 4 years hence 	
HMP & YOI Feltham	<ul style="list-style-type: none"> ➤ Tender the mental health services 	<ul style="list-style-type: none"> ➤ Implementation and monitoring of new arrangements 	
Transition	<ul style="list-style-type: none"> ➤ Review protocols for transition between CAMH's and adult services and adult and older peoples services across health and social care 	<ul style="list-style-type: none"> ➤ Monitor progress and implementation 	
Equality of access	<ul style="list-style-type: none"> ➤ Carry out needs assessment across the whole adult population ➤ Develop an action plan to identify variation in use of mental health services by different groups of the local population that have recognised needs or whose use of services is not as needs analysis indicates ➤ Agree action plan to ensure implementation of Green Light for Mental Health Toolkit for people with learning disabilities who have mental health needs. 	<ul style="list-style-type: none"> ➤ Implementation and review of action plan 	

**ADULT MENTAL HEALTH
JOINT COMMISSIONING STRATEGY
2008/2011**

9th May 2008