

Joint Commissioning Strategy
Adults with Mental Health Needs in
Stockport
2007 - 2012

Stockport NHS Primary Care Trust
Stockport Council

Executive Summary

Section 1 - Introduction – The purpose of the Joint Commissioning Strategy is to inform future planning of services to improve the mental health and well-being of adults in Stockport over the next 5 years. This section also identifies the desired outcomes of the commissioning process, what we need to get there and recovery as one of the guiding principles for mental health policy, practice and services.

Section 2 - National and Local Context – This section covers the key national and local policy direction for mental health across a range of areas beginning with the: -

- National Service Framework for Mental Health (1999), which sets out a framework for a 10 year programme of development within adult mental health services
- National Suicide Prevention Strategy (1998)
- Our Health, Our Care, Our Say, (2005) as it particularly relates to a new direction for community services, including promoting health and well-being.

This section also draws on good practice guidance as well as setting out the local context within the following areas: -

- Stockport Adult Mental Health Strategy (2001)
- Stockport Mental Health Promotion Strategy (2002)
- Stockport Suicide Prevention Strategy (2005)
- Stockport Dual Diagnosis Strategy (2005)

Section 3 – Mental Health in Stockport – A Profile of Need Stockport is an area of contrasting need with some significant areas of deprivation. This section therefore highlights the prevalence of mental health problems both nationally and locally and concludes that the situation in Stockport reflects the national picture. It further highlights that there are certain areas in Stockport which are ranked within the top 126 (out of 32, 482) most deprived nationally in terms of mental ill-health.

Section 4 – Current Service Provision – There are a range of services provided for people with mental health problems in Stockport. This section identifies these services across the following headings: -

- Who the service is for
- Eligibility criteria
- Who receives a service (numbers in service)
- Who is not receiving a service, i.e. unmet need, waiting times

Section 5 – Financial and Commissioning Arrangements - There are two key commissioners of mental health service in Stockport, Stockport Primary Care Trust (PCT) and Stockport Council. The funding sources and the key service areas which are commissioned are set out in this section, along with where services are commissioned from (provider type).

Section 6 – Performance Process – Both Stockport PCT and Stockport Council have a statutory obligation to achieve performance targets set by the Department of Health and its regulatory bodies (Healthcare Commission and Commission for Social Care Inspectorate). This section identifies the key performance indicators and measures as well as highlighting areas for development and improvement identified from a recent Joint Review of Community Mental Health Services.

Section 7 – Consultation – In the development of this strategy, consultation was an important aspect, this took place across a wide range of stakeholders. This section sets out the key themes identified during the consultation process.

Section 8 – Priorities and Recommendations – On the basis of the previous sections (sections 2-7) this section sets out 16 recommendations on how jointly both Stockport PCT and Council in partnerships with key stakeholders will develop services for people with mental health problems.

Section 9 – Implementation and Action Plan – This section sets out actions to meet the recommendations. Included in this plan are timescales, measures and targets.

Section 10 – This section outlines the Governance and Monitoring arrangements.

Stockport Mental Health Services

Joint Commissioning Strategy 2007-2012

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SECTION ONE

INTRODUCTION

1.0 INTRODUCTION

1.1 Purpose of the Joint Commissioning Strategy 2007 - 2012

The purpose of this Joint Commissioning Strategy is to inform the future joint planning of services which can improve the mental health and wellbeing of Adults (18-64) in Stockport over the next five years. It has been developed jointly by Stockport Council and Stockport Primary Care Trust (PCT) in consultation with other agencies, service users and carers.

1.2 Scope of the strategy

This document has a particular focus on services for working-age adults (18-64) with mental health needs in Stockport. However the strategy also recognises the impact on closely related services,

For example:

- Children & Adolescent Mental Health Services
- Services for Older People with Mental Health Problems
- Stockport Supporting People programme
- Generic services which cut across different disability groups

The age range stated as the remit of this strategy simply reflects current service arrangements. It is not intended to suggest rigid cut-off points and one of the consultation themes was that services need to focus on need rather than age, stressing the importance of effective transitions.

1.3 Definition of mental health

It can be difficult to reach a shared definition of the term 'Mental Health'. However this strategy is based upon the following definition as put forward by the World Health Organisation;

'Mental health is a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community'

The strategy thus recommends a positive holistic model of mental health as a state of physical, social and mental wellbeing. The strategy recognises that the recovery approach to mental health practice should be the underpinning philosophy.

1.4 What do we mean by Commissioning?

Commissioning can be defined as:

'the process of specifying, securing and monitoring services to meet individuals' needs at strategic level. This applies to all services, whether they are provided by the Local Authority or by the private or voluntary sectors. ('Making Ends Meet' – Audit Commission). It is also:

'The process of translating aspirations and need into timely and quality services for people which: meet their care needs; promote their independence; provide choice; are cost effective, and support the whole community.' (CSCI 2006)

In preparing this document we have sought:

- (i) To ensure that this strategy is based on an understanding of the population needs, areas of deprivation, age profiles and health profiles by electoral wards
- (ii) To ensure that this strategy is endorsed by all relevant local partners and service users and carers
- (iii) To demonstrate that capacity is linked to forecast demands
- (iv) To base the strategy on sound principles of Commissioning as outlined in the 'Making Ends Meet' document by the Department of Health.
- (v) To base recommendations on good practice mental health principles

1.5 Our vision – desired outcomes of the Commissioning process

- o *Improved mental wellbeing, health and quality of life across the population*
- o *More emphasis on prevention, choice and control,*
- o *A culture of ability, self care and recovery*
- o *To challenge stigma and discrimination and work with excluded communities,*
- o *To maximise inclusion and reduce exclusion*
- o *Person centred services- providing support to fulfil potential*
- o *Increased support for people with long-term needs to live independently..*
- o *Greater integration of services*

What do we need to do to get there?

- o *Promote early identification of mental health problems*
- o *Improve the knowledge and skills of all health professionals through education and training*
- o *Offer assistance to service users at the earliest point in the system appropriate to their needs*
- o *Ensure that access to care is appropriate to the needs of the individual rather than just the diagnosis*
- o *Integrate services to help people with complex needs*
- o *Deliver care as locally as possible*
- o *Ensure that packages of care meet the needs of service users and their family/carers*

- *Ensure that all care represents best value for money available to maximise quality and minimise wasted resources.*
- *Contribute to the public mental health agenda – building knowledge and interventions to help people look after their own mental health and that of others*

References; The White Paper, & 'The Commissioning Friend' (NATPACT/NIM), Consultation events in Stockport 2006

1.6 Philosophy of Care

The strategy adopts 'Recovery' as the guiding principle for mental health policy, practices and services.

'Services will be delivered increasingly within mainstream primary and community settings. People who need services to be delivered in specialist facilities will be enabled to maintain and regain their health, wellbeing and support networks. These services will be based on the principles of recovery, self-help, early intervention, mainstream and social inclusion'
(Devon & Torbay LIT)

The Stockport Mental Health Local Implementation Team (LIT) recognises that the principles of the Recovery Approach should underpin commissioning decisions and be central to the practice of all service providers within Stockport mental health services. These 12 principles (NIMHE 'Emerging Best Practices in Mental Health recovery, 2004) will ensure services promote self-directed care with an emphasis on personal recovery as defined by the individual, offer hope to people for a better quality of life beyond the limitations imposed by the illness, support opportunities for growth through social inclusion and ensure that interventions are guided by attention to life goals and ambitions. Services should always consider alongside illness management how to promote wellness and recovery

The 12 principles are included in Appendix A

The services provided by Pennine Care Mental Health Trust, the main provider of specialist mental health services for Stockport people, are underpinned by the values statement below.

'Stockport Mental Health Services aim to assist and support service users to recover their mental health and to lead the lives they choose. We recognise that mental ill-health can impair opportunities in society. Services will try to prevent the loss of employment, relationships and skills and to help service users maintain and recover their roles in society. We will do this by providing appropriate and timely services, in a manner which respects preferences, choices and beliefs.

We will aim to provide effective services, we will involve service users in a meaningful way and staff delivering services will be respectful and optimistic, encouraging service users to grow beyond the limitations imposed by their experiences. Success will be measured by user and carer evaluation.'

1.7 What do we mean by Social Exclusion?

The impact of social and economic circumstances on mental health is increasingly recognised and there is now more emphasis on prevention as well as ensuring appropriate services for those at risk of social exclusion.

Standard One in the National Service Framework for Mental Health states that 'Health and Social Services should:

- (a) Promote mental health for all, working with individuals and families
- (b) Combat discrimination against individuals and groups with mental health problems, and promote their social inclusion

People with mental health needs are vulnerable to social exclusion in a number of ways. Stigma and discrimination continue to prevent people with mental health problems from getting equal opportunities in many areas of daily life & can result in under reporting of mental health needs. Through impaired opportunities, people with mental ill-health can lose employment, relationships and skills and need help to re-establish their roles in society.

A Survey by MIND in 1996 found that almost half of respondents had been harassed or abused in public because of their mental health problems. In 2000 a survey by the Mental Health Foundation showed that 56% of people with mental health problems said that they had experienced discrimination within the family. The Mental Health Foundation 2000 survey found that 42% of people with mental health problems didn't tell some members of their family about their experience, 22% didn't tell partners, 74% didn't mention it on application forms and 19% didn't tell their GP (**Source - The Commissioning Friend for Mental Health Services**)

1.8 Developing the Strategy through consultation

In October 2006, as part of the development of this strategy, the Council & the PCT, in partnership with Health Promotion, hosted a stakeholder conference entitled 'Mental Health in Stockport' – the next five years. Recommendations will be covered in detail in section 7 and 8.

1.9 The Way Forward

The Commissioning Strategy thus has a role to play in supporting innovation and in being a catalyst for new ways of doing things.

Clearly, the refocusing of mental health services continues to be a key priority both nationally and locally. Policy and research has shown the need to promote wellbeing, recovery and social inclusion and this is a strong theme within this strategy.

The National and Local Policy context is discussed further in section two.

The strategy is based on a vision of what people have said they want mental health services to look like in future. It is also based on our current knowledge of current service provision, current resources and projected future needs for services. All these factors will help determine which services are provided & what those services will include.

This strategy is about long term planning to ensure that the services we have in Stockport can best meet needs. This document will play an important part in ensuring that that commissioning decisions are based on good information.

This strategy reflects a joint commitment by Health and Social Care Commissioners to work together using a positive approach to mental health service development and wellbeing.

It is hoped that will create both a strategic vision and operational mechanisms to enhance the lives of people with long and short-term mental health problems

SECTION TWO

NATIONAL AND LOCAL POLICY CONTEXT

2 SECTION TWO

2.1 The National Policy Direction for Mental Health

The policy direction for mental wellbeing continues to shift resources and emphasis away from a hospital based institutionalised system of care to one that

- provides care in the least restrictive environment
- is designed around the needs of the individual
- promotes the mental health and wellbeing of the community

It is recognised that recent policy and guidance has emphasised

- Finding alternatives to hospital admission and providing multi-agency intermediate care, in partnership between all mental health agencies
- Involving service users and carers in planning, choice, information and support
- Focusing on both health and social care outcomes
- Reducing health inequalities

The Modernisation agenda for mental health has been progressed in a number of ways in recent years for example:

- a) The National Service Framework (NSF) for Mental Health (DOH1999)
- b) The National Suicide Prevention Strategy (NIMHE1998)
- c) Mental Health and Social Exclusion – (ODPM2004)
- d) Delivering race equality in mental health care – (DOH Jan 2004)
- e) The NSF- five years on (DOH2004)
- f) Mental Health promotion programme and 1Shift: the programme to reduce stigma – NIMHE
- g) Our Health Our Care Our Say; a new direction for community services (DOH2005)
- h) Developing Choice, responsiveness and equity in health and social care – (NIMHE2006)
- i) National position paper on recovery (CSIP, SCIE and Royal College of Psychiatrists, 2007)

2.2 Summary of national drivers and good practice guidance

a) The National Service Framework (NSF)

This document sets out a framework for a 10-year programme of development within adult mental health services.

A number of key values underpin these standards:

- They include effective user and carer involvement,
- strengthened accountability, accessibility and non-discriminatory practices
- The provision of services 24-hours a day seven days a week.

- The right to assessments, adequate treatment and social inclusion.

At the heart of the NSF is the aim that health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems. These values are central to the commissioning of future services

b) National Suicide Prevention Strategy

There is a target to reduce the suicide rate and deaths by undetermined causes by 20% by 2010

c) Mental Health and Social Exclusion

The report highlights the benefits of employment and vocational opportunities, education, leisure, family support and financial services.

The report states that a whole range of local agencies have a responsibility to address the needs of people with mental health problems, including housing, education, transport and leisure. It also specifically charges Local Authorities and Primary Care Trusts to “transform day services into community resources that promote social inclusion through improved access to mainstream opportunities”

d) Delivering race equality in mental health care – Jan 2004

National evidence continues to show that people from black and minority ethnic (BME) groups have a poorer experience of mental health services than their white British counterparts, for example some groups experiencing a higher level of compulsory treatment.

Delivering Race Equality outlines the national requirement for mental health services to address these issues by:

- Developing appropriate and responsive services: existing services and service models need to be challenged to be accessible, appropriate and responsive to all members of the communities they serve.
- Engaging with communities: services and commissioners need to engage with the expertise, experience and networks of local communities.
- Improving information: commissioners and providers need to have robust information about their population and service uptake in order to be able to understand current use and gaps.

e) The NSF- five years on

The five year review of the National Service Framework for Mental Health has shown that progress is being made towards these standards but it also sets out a vision for the next five years:

- towards patient choice
- care of long term conditions
- improved access to services

Key themes addressed in the review include:

- The mental health of the whole community
- Primary Care
- Access to psychological therapies
- Suicide prevention
- Specialist Mental health services including in-patient wards and Dual diagnosis
- Carers
- New ways of working
- Information systems

f) Mental Health Promotion

The aims of this programme are to;

- Work in partnership with people with mental health problems
- Be evidence based, using the evidence to have the most positive impact on people's experiences of stigma and discrimination
- Prioritise where people experience mental health stigma and discrimination the most
- Communicate the positive contribution and value to society of people with mental health problems
- Pay specific attention to issues of multiple discriminations promote action and collaboration at all levels
- Work in partnership across government departments, with public and voluntary sector organisations, public health and others
- Ensure the programme is effectively evaluated to provide feedback in terms of impact on behaviour, attitudes and coverage

g) Our Health Our Care Our Say; a new direction for community services 2005

The White Paper, 'our health, our care, our say: a new direction for community services' sets out a vision for improving services to:

- create health and social care services that genuinely focus on prevention
- promote health and wellbeing,
- deliver care in local settings
- deliver services that are flexible, integrated and responsive

Health and Social Care services are expected to work together towards shared goals around wellbeing and independence, and respond to the drive to increase choice and control for service users.

h) Developing Choice

They key themes of this involve;

- Treatment choices, including choices in medication, talking therapies, and access to alternative self-management programmes;

- Choices in care planning;
- Choices in service planning and delivery;
- The use of advance statements and advance directives;
- The use of direct payments.

i) Joint Position Paper on Recovery

This paper published in 2007 provides a succinct account of the meaning of recovery, its underlying principles and provides examples of research and practice. A recovery approach focuses on collaboration, partnership working and self-directed care all of which lead to choice and control for people who use services, their families and carers. A recovery approach is applicable across a wide variety of client groups and cultures, positively valuing different cultural understandings of mental distress; it is an approach which will support and enable engagement with people from culturally diverse backgrounds. Stockport's chosen emphasis on recovery is fully consistent with current Government policies in health and social care and is reflected in the recent review of mental health nursing and in the Royal College of Psychiatrists 'New ways of Working'.

This national position paper references Stockport mental health services as an example of recovery in practice.

2.3 Recent good practice guidance

A number of documents have been published recently that offer partnerships further guidance in relation to the modernisation of mental health services.

These include:

a) The National Institute for Mental Health in England (NIMHE) launched the 10 High Impact Changes for Mental Health Services in June 2006.

- 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
- Redesign and extend roles in line with efficient service user and carer pathways to attract and retain an effective workforce.

b) The Future of Mental Health; a vision for 2015 (Sainsbury Centre for Mental Health)

- All schools will promote mental wellbeing
- Employers will compete to become 'wellbeing workplaces'
- People seeing their GP with a mental health problem will have a range of effective treatment options
- Mental health services will be integrated into ordinary health and public buildings: GP surgeries, libraries and schools. Individuals who need ongoing care and support will have a comprehensive care plan and the option of direct payments or an individual budget.

2.4 Local Strategic Context for Mental Health

2.4.1 Stockport Adult Mental Health Strategy 2001

The Stockport Adult Mental Health Strategy 2001 was produced, following consultation, with the aim of promoting and improving the mental health and wellbeing of the people of Stockport. The strategy was produced by the former Joint Strategy Group for Mental Health Services, (now replaced by the LIT), in response to the National Service Framework for Mental Health (1999) and the NHS Plan (2000).

The Strategy mirrored the standards set out in the Mental Health NSF:

- Mental Health Promotion
- Primary Care and Access
- Services for People with severe mental illness
- Support for carers
- Suicide Prevention

Other cross cutting themes were also addressed including information, training, ethnic minority communities, workforce planning, clinical governance as well as services at the interface with the following groups:-

- Children and young people
- Older People
- People with learning disabilities
- People with physical disabilities
- People with substance misuse problems

These objectives were recently revisited and it was considered that the following priorities have been addressed;

- Development of a mental health promotion strategy
- Support to MIND Arts Project (now called Arts for Recovery)
- Crisis resolution and home treatment teams established
- Single point of access to specialist mental health services
- Development of the Psychiatric Intensive Care Unit
- Early intervention strategy developed

- Local suicide strategy developed
- Ongoing audit of suicide in place
- Establishment of the Stockport User Friendly Forum
- Ethnic monitoring of workforce and users of the services. This has been addressed in part, for example service users accessing in-patient services

Priorities identified in the 2001 Strategy identified as requiring further attention

- Development of day activities during evenings and weekends
- Development of crisis accommodation. A working group has recently been established to address this priority.
- A programme of targeted activity for prevention of suicide with specific groups at high risk. This is now identified as part of the suicide prevention strategy action plan
- Implementation of an information system for those with a severe mental illness. The implementation of the National Care Records Service (NCRS) will address this priority
- Use of guidelines in primary care, which included a database of those currently under treatment
- Policy on the care of people from minority ethnic communities
- Development of appropriate accommodation for people with dual diagnosis.
- Development and implementation of policies about substance misuse on inpatient psychiatric wards and other accommodation
- Protocols to ensure clarity of assessment in treatment for people with mental health problems who misuse both drugs and alcohol. These priority areas will be addressed through the recently produced dual diagnosis strategy.

The above review forms a useful starting point for the consideration of mental health priorities in Stockport. In addition, since this document was produced, there has been a range of new policy documents and initiatives in relation to mental health and wellbeing .

2.4.2 Stockport Mental Health Promotion Strategy

This strategy, entitled 'Taking a turn for the better', was produced in March 2002 and builds on the Stockport Adult mental health strategy (2001) by providing a vision for commissioning and service development resulting in the promotion of mental health in Stockport. It contains a detailed and wide ranging action plan with the intention that this will be monitored through the mental health Local Implementation Team. It underpins Standard 1 of the National Service Framework. The work required and the value base adopted to implement this Commissioning Strategy is intended to complement and be compatible with ongoing work in the area of Mental Health Promotion and joint work to promote broader stakeholder involvement is planned.

2.4.3 Stockport Suicide Prevention Strategy

The Stockport Suicide Prevention Strategy 2005-2010 is subject to ongoing monitoring and evaluation by the Standard 7 subgroup of the Mental Health Local Implementation Team.

It is important that key targets from this strategy are also taken into consideration as part of the Commissioning Strategy. Suicide Figures are discussed in more detail in the Needs Analysis section in Section Three.

2.4.4 Stockport approach to recovery

The Position Paper on Recovery referred to above makes positive reference to the work taking place in Stockport

'Stockport MBC, PCT and Pennine Care MH Trust, drawing on the experience and drive of people using services and their carers, are redesigning their mental health provision using a recovery and social inclusion philosophy (Rethink 2005) The Stockport Wellbeing Centre offers a social inclusion 'hub', a location for gathering information necessary for recovery, and 'spokes' – pathways reaching out into community networks. The Centre provides a pool of expertise and resources to assist all the people of Stockport experiencing mental distress to maintain and improve their mental well-being as well as the town centre location promoting mental health awareness issues to the wider public.'

This strategy seeks to emphasise the need for further developments based on these guiding principles, to extend recovery and social inclusion principles across mental health policy, practices and services by building on existing good practice.

2.4.5 Stockport Social Inclusion Strategy for Mental Health

In order for people to follow their recovery pathways, opportunities need to be opened up to allow open and equitable access to all mainstream activities for people with mental health issues. In 2005 Rethink were commissioned to produce a report entitled 'Social Inclusion in Stockport' which has since guided the local mental health social inclusion strategy; the successful opening of the Wellbeing Centre, the Support, Time and Recovery Worker Strategy and the partnership working to address stigma and discrimination through raising public awareness of mental health are all examples of the strategy in action.

2.4.6 Dual Diagnosis Strategy (2005)

The Dual Diagnosis Strategy is aimed at people from 14 years upwards. The key aim of the strategy is to ensure that people with a dual diagnosis receive high quality coordinated and appropriate management, treatment and care across all services within health and social care and the third sector. This should be facilitated by clearer referral and care pathways and a better understanding of shared roles for all professional groups and workers

SECTION THREE

MENTAL HEALTH IN STOCKPORT- A PROFILE OF NEED

3.0 MENTAL HEALTH NEEDS ANALYSIS

3.1 Introduction

Stockport is an area of contrasting needs with some significant areas of deprivation. This section shows that there are also significant variations in mental health needs across different areas of Stockport and different demographic groups.

Addressing inequalities is a priority theme for both the Council and the PCT. The Stockport Council Plan 2006-2009 includes a priority 'Addressing Inequalities' and the Stockport Local Area Agreement includes a programme of work aimed at reducing deprivation and polarisation. There is also a strong commitment to seek improved outcomes for adults who may be vulnerable to social exclusion and to support vulnerable people and their families to live independently during key life changes.

3.2 Background Description of the Area

Stockport is a large local authority area located to the south east of Manchester city centre, creating a buffer between the urban centre and the rural areas of Cheshire and the Peak District. The borough has been identified as a 'prospering smaller town' in the most recent area classification undertaken by the Office for National Statistics (ONS) following the 2001 Census of Population (ONS Area Classification 2004) and under this methodology Stockport was also identified as the most average local authority in the country, in other words, the area whose overall demographic and socio-economic profile from the 2001 Census of Population was closest to the national average. Despite its urban status, Stockport has significant areas of green space, especially towards the Peak District borders. The local authority and the PCT work within co-terminus boundaries.

3.3 Demographic Data

The town has approximately 282,200 residents (ONS mid-year 2004 estimate of population), of whom around 61% (171,450) are adults aged between 18 and 64 years inclusive (see Table 1 Appendix D).

The age profile in Stockport is slightly older than the England and Wales average and, following national trends, the older population in Stockport is expected to increase significantly over the next 20 years. The adults of working age population is expected to continue to account for about 60% of the boroughs population, while the young age groups are expected to decline in proportion.

The 2000 Index of Multiple Deprivation, ranked Stockport as having average levels of deprivation on a national scale, though compared to the North West region the borough appears relatively affluent.

The town however, despite its overall average profile, is an area of contrasts and has recently ranked as the 5th PCT nationally in a national index of polarisation, showing that although as a whole Stockport is relatively affluent there are areas of significant

deprivation within the borough which are usually masked by the overall prosperity of the area. The affluent areas cluster towards the south and east of the borough, and include the areas of Bramhall, Cheadle and Marple while the deprived areas cluster in the north and centre of Stockport, in particular the areas of Brinnington, Adswold, Edgeley and Reddish.

Stockport therefore experiences much more internal variation in deprivation and health than many areas across both Greater Manchester and England and Wales, which requires the commissioners to ensure the equitable distribution of resources and service design to reduce health inequalities. Commissioners also need to be aware of the varying needs across the town and specific priorities for services in local areas must reflect the different population groups.

3.4 Black and Minority Ethnic Communities

According to the 2001 census, almost 6% of the Stockport population are from Black and Minority Ethnic (BME) groups, including white ethnic minorities. Minority ethnic communities face substantial inequalities and discrimination in employment, education, health and social services. 4.3% of the Stockport population are classed as black ethnic minority groups, interestingly in the latest Pennine Care Trust data 4.2% of people receiving community mental health services were classed as coming from black ethnic minorities.

In 2001 96% of Stockport's population defined their ethnicity as 'white'; the largest white ethnic minority group are 'Irish' (1.5%) and the largest non-white ethnic groups are 'Pakistani' (1.0%) and 'Indian' (0.7%). Ethnic minority populations tend to cluster towards the west of the borough. Of the almost 6,000 Asian people living in the borough approximately a half live in the three wards of Cheadle, Heald Green and Heaton Mersey, accounting for around 6.5% of the total populations of these wards. Most Irish people live in Heaton North and Heaton South.

Thus the largest ethnic minority groups in Stockport are Irish and Asian. According to some studies Irish people have above average mental health needs and above average rates of male suicide nationally. Young Asian women have significantly above average female self-harm and suicide rates nationally.

There is also a relatively small but growing number of asylum seekers, refugees and largely economic migrants from Eastern Europe.

BME groups are identified within the National Service Framework (NSF) for mental health as being one of the 'vulnerable groups at high risk of mental illness'.

3.5 Socio-economic data

The Office of National Statistics 2000 survey showed that people with a psychiatric disorder are more likely to be economically inactive (39% compared to 28%). They are also less likely to be employed (58% compared to 69%). Mental illness and stress-related conditions are now the commonest cause of sickness absence. Only a quarter (at most) of people with severe mental illness are in work. Adults with

common mental disorders are between four and five times more likely to be permanently unable to work.

3.6 Prevalence and Location of Mental Distress in Stockport

Data on prevalence and location can be difficult to obtain but by extrapolating from a number of sources and research, including the Commissioning Friend For Mental Health Services (Jan 2005) and by using the Office of National Statistics surveys (ONS) including Indices of Multiple Deprivation and the Mental Health Needs Index or MINI a picture can be compiled of prevalence and location which has important implications for the Commissioning Strategy.

3.6.1 Prevalence – ONS and Research

Estimates of the prevalence of mental distress in Britain vary. The ONS (previously the Office for Population and Census surveys or OPCS) puts the figure at one in six adults at any one time. Another major survey that is frequently quoted puts the figure at one in four (Goldberg and Huxley 1992) The one in six figure given by the ONS represents those people defined as having 'significant' mental health problems, whilst the latter survey uses a wider definition of mental health problems. This also includes a breakdown of the progress that these one in four people are likely to make through the mental health system as follows:

- around 300 people out of 1,000 will experience mental health problems every year in Britain
- 230 of these will visit a GP
- 102 of these will be diagnosed as having a mental health problem
- 24 of these will be referred to a specialist psychiatric service
- 6 will become inpatients in psychiatric hospitals.

Prevalence of people with severe mental health problems (schizophrenia and bipolar disorder) would be expected to be between 0.5% and 1% (857 to 1715 people aged 18-64 in Stockport and those with common mental health problems (anxiety, depression, phobias etc) 1 in 6 of the population or 28,575 adults of working age; the grouping for people with what are described as personality disorders would indicate 1 in 25 of the population- or 6,858 adults and 310 mothers with post natal depression.

3.6.2 Research Studies

Three sets of data, from the MINI compiled in 2000 by the University of Durham, hospital data for attendances at out-patients and as in-patients which is diagnosis

related and the ONS work on areas of multiple deprivation with specific breakdown to mental health, all give a clear message.

Brinnington Ward at an Index of 209, followed some way behind by South Reddish, Cale Green and Edgeley (148-141) according to the MINI have a significantly higher incidence of major mental illness; the index (or ratio) is calculated by taking the predicted admission rate for the area and dividing by the predicted admission rate for England and then controlling for population factors. The index for west and east Bramhall is 62 and 55 respectively, Appendix D Table 2 .

Using hospital data for people with a primary diagnosis of mental or behavioural disorder and for admissions for self injury or poisoning and self harm Brinnington and Central Ward is again significantly the leader in terms of prevalence.

However of more specific relevance and based on more recent data is the information provided on the Indices of Deprivation. The information in the 'Indices of Deprivation 2004' tables, see Appendix D Table 3 has significant implications for commissioning mental health services in Stockport. Based on the period 1997-2002, the data allows small pockets of deprivation to be pinpointed and highlights variations between areas.

The mental health information reported here allows conclusions to be drawn around the incidence of mental health related problems in particular small neighbourhoods; the information is based on data from drug prescribing for depression and anxiety, hospital inpatient data for mental health disorders, the number of people in receipt of health related benefits suffering from anxiety or depressive disorders and suicide data. The data shows that four areas, within the Brinnington Central and Manor Wards, located between 1.4% and 12.2% position within the all England ranking for multiple deprivation are in terms of mental health located between 0.2% and 0.4%; in other words these four areas are in the top 126 most deprived nationally in terms of mental ill health out of 32,482. There are five other areas of Brinnington Central Ward, Cheadle Hulme North and Bredbury and Woodley Wards ranked closely behind, at between 1.1% and 2.1% nationally.

There are other examples available to demonstrate the mental health inequalities in Stockport; for example there is data compiled over the period 2000-2005 which illustrates that there are twice as many people admitted to mental health wards following self harming who live in the Brinnington and Central Ward than the next highest ward (282 people compared to 142 in Bredbury and Woodley)

3.7 People on a Mental Health Register & hospital data

Across Stockport's GP Practices 2,154 people of all ages are listed on a GP mental health register. These figures are based on practice registers of patients with severe long-term mental health problems who require and have agreed to regular follow up. The crude rate for Stockport is 7.3 per 1000 (the rate for England and Wales is 8.7 per 1000).

There is additional supporting information in appendices. (Tables 4-8)

3.8 Suicide Data

There were 71 suicide and undetermined intent deaths of Stockport residents (all ages) over the 3 year period 2003-2005, an average of 23-24 such deaths each year. The Stockport mortality rate (for suicide and undetermined intent) has been consistently lower than the North West mortality rate and in 2002 (the most recent comparison available) was below the England and Wales mortality rate. There may be opportunities to reduce this rate further through a focus on measures to improve compliance amongst those with mental health problems and prevent loss of contact with services.

The situation in Stockport reflects the national picture, in that the numbers of suicide by men outnumber that by women by a ratio of more than 3:1 and there are higher rates among middle-aged as well as young men and by those living in certain wards, such as, Brinnington and Central.

According to Stevens and Raftery several studies have reported a generally higher death rate among people with a diagnosis of mental disorder, than in control populations. In general, the risk is increased about two-fold. Most mental disorders have a higher lifetime risk of suicide. This is not specific to diagnosis although, almost by definition, depression has high rates (15% estimated). Mania and bipolar disorder are associated with lower rates than depression alone, though total excess mortality is high. Schizophrenia also has a substantially higher rate of suicide - 10-15% of diagnosed cases. Rates are also high in personality disorder, alcoholism and other substance use. The highest risk may be during the month after discharge from hospital.

3.9 Mental Health Housing and Support Needs analysis

The information below has been gathered as part of a preliminary needs analysis in relation to the housing needs of current mental health service users. It also forms part of a jointly managed project with Strategic Housing to produce a mental health housing strategy in Stockport;

There were three parts to this work:

- A questionnaire sent to all Care Co-ordinators
- Consultation event with service users and carers,(discussed in the consultation section (section 7.3)
- Discussions with staff (section 7.3)

The information below represents the findings from the questionnaire, based on the assessed housing needs of people currently receiving a mental health service.

3.10 Key findings from Mental Health and Housing Questionnaire

The following information has been gathered through the mental health & housing questionnaire distributed to all mental health Care Co-ordinators in Stockport. The Care Co-ordinators were asked to complete one questionnaire for each of the service users they worked with.

The questionnaire was designed by Project leads from SMBC & Pennine. Input and agreement to the content of the questionnaire was obtained through the Service User LIT, Carer LIT, and Social Inclusion Subgroup. The methodology was approved and analysis was undertaken by the Pennine Governance section in Stockport.

1000 questionnaires were distributed, of which 515 were returned. This was based on there being approximately 1000 adults between 16 & 65 receiving mental health services.

Key findings illustrate that:

- There are significant numbers of people with mental health and housing needs in Stockport
- These needs are diverse, ranging from those requiring independent tenancies through to those needing highly supported or specialist accommodation.
- There is a need to address overcrowding, support needs, violence & harassment, along with many other issues.
- It should also be noted that these figures only refer to those people currently known to mental health services. For example they do not include homeless people with mental health needs who are currently unknown to the mental health service but who may be eligible for such a service.

3.11 Conclusion

The demographic data in this section gives some important context to inform the commissioning process.

Although Stockport is seen to be an average location in terms of its standing in many national tables, there are significant mental health inequalities which tend to be hidden by the wider picture. The prevalence of admission to hospital for a mental health problem or for an episode of self harm is far higher in Brinnington than anywhere else in Stockport. Furthermore there are pockets of particular prevalence within Brinnington itself, there being 4 sub areas of the Brinnington Central and Manor Ward with such incidence that they rank in the top 0.4% most deprived in all England.

In terms of housing need there is a clear and fundamental lack of appropriate supported housing for people with mental health needs in Stockport. Both statistical analysis and consultation with service users, carers and staff illustrate the need for a range of provision, from intensive support to independent living with flexible support as required. It should be possible to access it quickly and link to the out of hours service as far as possible.

Finally in terms of ethnic breakdown, Stockport is generally viewed as being a location with insignificant numbers of people from minority communities and in terms of planning mental health service provision the needs of such communities can easily be overlooked. However, even if Stockport lacks identifiable geographical communities, there are significant BME numbers and service provision will need to ensure it is sensitive culturally and inclusive of all communities.

SECTION FOUR

CURRENT SERVICE PROVISION

4.0. CURRENT SERVICES

Stockport Mental Health – Current Service Provision

Included in this section is a list of mental health services commissioned by both Stockport PCT and the Local Authority. The list is not exhaustive, but it does however contain key services. Data reported is based on returns for 2006-2007.

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
Wellbeing Centre	Graylaw House, Stockport Town Centre	Service is available and targeted to the general population	Available for all	N/A	N/A
Mental Health Promotion	Based at Regent House,	Service is available and targeted to the general population	Available for all	N/A	N/A
Arts on Prescription	Dialstone Centre	Mild to moderate anxiety and depression	GP referral, self referral and health worker referral	20	Growing waiting list, presently 30 waiting
Bibliotherapy Scheme - Self-help books	All 15 Stockport libraries	Anyone with mental health issues can attend the libraries across Stockport to access the resources available	GP referral, self referral and health worker referral	Service launched on 28 th June 2006, libraries to monitor take up of books and Audio-visual aids Over 12000 materials issued	Unknown as yet
Exercise on Prescription	PARIS scheme	People with mental health conditions	GP referral	120	Not all areas are covered by the PARIS scheme, for example people with severe and enduring mental health needs
Social Inclusion (outreach)	Stockport Mind Office 65 Union Street and drop-ins at various locations across the borough	Anyone suffering from any form of mental distress living in the borough of Stockport	Self-referral by phone or call at Mind Office. Carer referral or professional.	70 are registered for outreach and on average 60 attend the drop-ins per week.	Unknown

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
	for example Tiviot Dale Church Stockport Baptist Church Rendezvous Dialstone Lane Centre St Luke's Brinnington				
Advocacy Service	Stockport Mind Office	Anyone suffering from any form of mental distress living in the borough of Stockport	Self-referral by phone or call at Mind Office. Carer referral or professional.	Averaging 10 –15 referrals a week with over 100 open cases at any one time.	Unknown but no waiting list
Facilitated groups	Stockport Mind Office	Anyone suffering from any form of mental distress living in the borough of Stockport	Self-referral by phone or call at Mind Office. Carer referral or professional.	An average 175 – 240 people access our groups each year.	Unknown
Stockport MIND Befriending Scheme	Community Based	For Stockport residents suffering mental distress to provide their carer with a break	Funded through Carers Grant. Funding a team of volunteers to do befriending. MIND receives referrals from Care Co-ordinators and carers.	Currently 113 clients receive this service.	Unknown but no waiting list
Drop In advice and support	Stockport Mind Office	Anyone suffering from any form of mental distress living in the borough of Stockport	Self-referral or signposted	Between 15 and 30 people drop in to our office per week for advice, help or support.	Not applicable
Making Space Family Support Worker (Three family support workers)	One Family Support Worker is based in each of the Community Mental	Providing support and assessments to carers for people with persistent and significant mental health difficulties. The family support	Service is for people in enhanced Care Programme Approach (CPA)	457 on caseload as at March 2006	Unknown but no waiting list

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
	Health Teams	workers also undertake advocacy and liaison, provide information, and emotional and practical support			
Stockport Day Centre (Progress House)	Based in a purpose built Local Authority Day Centre, run by a charity called Stockport Day Centre	Day Centre commissioned by the Local Authority to provide 30 service users on CPA to attend a choice of 14 activities, for example computer, arts, and out-reach sessions, mainly leisure and recreational. Other members can attend.	People on enhanced CPA as well as other members, mainly referred by Care Co-ordinators and Support Workers	Membership of Progress House is around 228 (70 + who are not on CPA)	Identified gaps around BME, people not on CPA, age difference, skewed towards 45-64 years.
Beacon Counselling Service	Community based	Self, GP, Mental health services referral	N/A	About 1600 appointments each year	Unknown
Arts for Recovery in the Community	Based in South Reddish and works in other places, including the Mental Health Unit at Stepping Hill Hospital	People referred to ARC are recovering from a mental illness, currently between the ages of 18-65 who are living in the community.	Referrals come mainly from statutory agencies. ARC disseminates information packs and leaflets to statutory and voluntary agencies, libraries and other public venues such as galleries to ensure that everyone who might benefit from ARC has opportunity to access it	There are currently 92 member of ARC. This figure includes 6 member volunteers. There are currently 20 referrals pending, and the number of referrals is markedly increasing.	There is clearly an unmet need in respect people with a diagnosis of personality disorder... ARC recently set up a new arts and health forum with Health promotion, which is beginning to look at how to reach out to people from ethnic minority communities.
Pure Innovations – Worklink	Sanderling Building, Cheadle Heath	People with mental health issues on recovery.	Referral by mental health teams for people on CPA	13 people being supported in permitted work less than 16 hours a week, 13 others being supported in work over 16 hours a week' service	There is a closed waiting list of 22 people on CPA waiting to try supported permitted work. The gap is for support for permitted work of less than 16 hours a week given

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
					there are schemes to assist people in coming off Incapacity Benefit into work over 16 hours a week'
North West Centre for Eating Disorders – provide counselling for people with eating disorders	Oakwood House, Stockport	The service provides one to one counselling, group work and drop in sessions for people with a eating disorders, for example, anorexia nervosa and bulimia	Self referral, GP and other health and social care referrals	About 1600 attendances each year (unknown number of individual clients)	Due to capacity in the service there is a growing waiting list.
Primary Care Mental Health Counselling and psychological therapy service	Stepping Hill Hospital but counselling is also delivered from various GP practices across the borough	The service provides counselling and cognitive behavioural therapy for people with mild to moderate mental health problems	Referrals for the most part are received from GPs, mental health services	The service has the capacity to provide therapy for 818 individuals a year	Service currently experiencing long waiting lists
Primary Care Graduate Workers –	Stepping Hill, but delivered from various GP practices in Stockport	This service provides counselling and CBT for people with mild to moderate common mental health problems	Referrals are via the single point of access, GPs	The service has the capacity to provide therapy for 610 individuals per year	Service currently experiencing long waiting lists
Access Team – Single point of access for mental health services provided by Pennine Care. Access Team screen and triage referrals and direct them to appropriate parts of the service	Stepping Hill Hospital	The Access Team provide a single point of access into specialist mental health services in Stockport. Referrals are taken from a range of sources, including GPs, social services, community services and other areas. All referrals are then assessed by the team with additional input from psychiatrist, then referrals are signposted to appropriate services	Referrals are received for the most part from local GPs, and a range of other services, for example, local substance misuse services	The team receives on average 200 referrals per month	Not applicable

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
Psychological Therapy Team (Secondary Care)	Team based at Stepping Hill Hospital	Service currently experiencing long waiting lists The service is designed to provide psychotherapy and CBT.	Service currently experiencing long waiting lists	Unknown, service undergoing reform	Unknown, service undergoing reform
Stockport Community Mental Health Team (formerly the Primary Mental Health Team PMHT)	Councillor Lane, Cheadle	Service provided for people with severe common mental health problems, for example depression, anxiety, severe Obsessive Compulsive Disorders (OCD), personality disorders	Referrals from GPs and other mental health services. The team provide care co-ordination for people with severe common mental health problems		
Locality Mental Health Teams (LMHTs) (formerly Community Mental Health Team (CMHT))	Teams are based across the three sectors in Stockport – York House, Councillor Lane and Torkington Lodge	LMHTs provide care co-ordination for people with severe and enduring mental illness, for the most part psychosis	Referrals via the Access Team	Total Caseload approximately 725	Unknown
Early Intervention Team	Based at Councillor Lane	This service provides for people aged 14 – 35 who present positive symptoms of psychoses. The team will accept people with a long duration of untreated psychosis if no cognitive impairment, the team will also accept people with drug induced episodes	Referrals via the Access Team	Early intervention team has the capacity to provide a service for approximately 45 service users	Unknown
Assertive Out-reach team	Team based in the Community at Heathfield House	Service provided for people who are: - 18-65 years old, difficult to engage, have history of psychiatric admissions, non-compliant with treatment and care, may have	Referral comes from CMHT and Access Team	Assertive out-reach team has the capacity to provide a service for approximately 90 service users	Unknown

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
		secondary drug and/or alcohol problems, may have secondary forensic history			
Crisis Resolution/Home Treatment Team	Team based in the Community	Service offers intensive support to mental health service users in their own homes. They work with known service users on standard and enhanced CPA requiring Intensive Crisis for up to 8-12 weeks.	Referrals via Access Team, CMHT, PMHT and Assertive Outreach Team	Service has the capacity to provide 350 home treatment episodes	Unknown
MDO Team	Team based in the Community	The Team offer and advice, assessment and signposting service for people with mental health difficulties within the Criminal justice system. It is a pre-sentence service, with transient in-put and without care co-ordination responsibility under CPA. The team do some prison in-reach and liaise primarily with probation, police and the courts.	Referrals received via Access Team and Probation Service, and prison services		
Redcroft	Based in Heaton Moor, Stockport	This is a ten bedded tenancy based rehabilitation unit for people aged 18-65 years old who experience severe and enduring mental health problems. The unit works with people to develop their independent living skills, such as establishing and maintaining strong social networks, budgeting, domestic duties, education and employment, both paid and unpaid and a resettlement service for those moving on into their own homes.	Referrals received from Mental Health Care Co-ordinators	Capacity in service for 10 clients	Unknown

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
Supported Living Team	Holt Street and Canley Close	The service provides a 7 day, 24 hour support system to specific supported tenancies as well as offering the same services borough wide to service users, their families and other carers. The service is for people with severe and enduring mental health needs and who require intensive support. The purpose of the service is to enable people to live as independently as possible by maintaining their tenancy. The team specialises in resettling people from hospital or long term care.			
Acute Mental Health In-patient Unit Warren Ward (16 beds) Arden Ward (23 beds) Norbury Ward (23 beds)	Based at Stepping Hill Hospital	People who are experiencing an acute episode of mental distress	Assessed by psychiatrists as requiring in-patient admission	There were 526 adult admissions	At times on the ward the occupancy levels are over 100%
A&E Liaison Team	Based at Stepping Hill Hospital	The Liaison Team assesses patients with mental health problems attending the A&E department (and medical wards if they are fit for discharge) They assess self presenters and same day urgent referrals that are appropriate to be seen at the hospital, making referrals on to and liaising with appropriate professionals/services/GPs. In addition the team contributes to risk management planning and advises	People presenting at A&E department	There are approximately 45 patients per month who are assessed by the A&E liaison team. Over the last three months the range has been between approximately 60 and 30 assessments per month.	Not applicable

Deleted: with mental health problems

Joint Commissioning Strategy for Adults with Mental Health Needs in Stockport

Name	Where it is based	Who is it for	Eligibility Criteria	Who receives a service (numbers in service)	Who is not receiving a service that should be?
		and supports service users who contact the team out of hours			
Psychiatric Intensive Care Unit (Cobden Unit, 6 beds)	Based at Stepping Hill Hospital	The psychiatric intensive care unit is for people who are most acutely ill and cannot be managed in an open psychiatric ward. They would be cared for until their symptoms are reduced sufficiently for them to be cared for in a less restrictive environment.		There were 943 bednights utilised for Stockport people over the year (2006/07)	
Secure/Forensic Mental Health Services	A range of low and medium and high secure services based across the Northwest	Referrals to secure services received from prisons, and mental health services		15 clients in a range of low, medium and high services across the Northwest	

Conclusion to Section 4

Mental health services commissioned in Stockport span a range of services which are accessible for general population (Well-Being Centre and bibliotherapy scheme) through to people who require specialist services, for example secure or forensic or psychiatric intensive care services.

Whilst services are in place challenges exist to ensure that:

- 1) Commissioners have accurate information about services, which should include both the demand for and also the capacity that exists within services to ensure that they are commissioned at a level to meet the needs of the population. With the introduction of National Care Records System (NCRS) it should be easier to obtain accurate information from statutory services; however commissioners will continue to work with the voluntary and Independent Sector to ensure that effective systems are in place for collecting and analysing service information.
- 2) People with mental health problems who are assessed as needing a service receive it, thus information should be collected on unmet need
- 3) People with mental health problems who are assessed as needing a service receive it without waiting too long, as this can increase the distress
- 4) Commissioners are able to develop services which increase people's choice of treatment or intervention and where possible location and setting.

Whilst the black and minority ethnic (BME) communities in Stockport are less than the national average, no specific or dedicated services are commissioned for people from BME communities. Give that it is a national priority to ensure that people from BME communities are able to access a full range of mental health services, addressing this issue has to be a key consideration for both commissioners and service providers.

Based on the above list of services, our gap analysis shows that there are gaps in relation to services which support people to obtain housing, employment and other life domains. The majority of services commissioned at present by (SMBC & PCT) do not currently address these gaps.

The Stockport Supporting People programme funds a range of accommodation based and floating support services. However we are working in partnership with Stockport Supporting People and other partners, through the mental health & housing strategy group, to increase the range of floating support services for people with mental health needs. This is one of the Supporting People priority areas for 2007/8.

(The SP team delivers the Supporting People programme in Stockport. By commissioning housing related support services, the programme delivers high quality and strategically planned housing related services which are cost effective

and offer vulnerable people the opportunity to improve their quality of life by providing stable environments that enable greater independence. One of the key outcomes of the programme is the prevention of homelessness, admittance to residential care, offending and anti-social behaviour. Supporting People aims to be needs-led and the development and delivery of the programme is a working partnership of local government, service-users and support agencies. Stockport's budget for Supporting People services is just over £8m for 2007/08. The Supporting People Team reviews the quality, cost and strategic relevance of all services and undertakes consultation with service users.)

Recommendations

It is therefore recommended that all current service providers collate and maintain a register of unmet need. It is also recommended that all existing and newly commissioned services should sign-up to the requirements of delivering the race equality agenda, which as a baseline starts with monitoring the ethnicity of all service users. Finally it is further recommended that all existing services or newly commissioned services give consideration to the life domains which can impact on a person's recovery.

SECTION FIVE

FINANCIAL AND COMMISSIONING ARRANGEMENTS

5.1 Commissioning bodies & sources of funding

There are two key funding sources in Stockport in relation to mental health services for the 18 – 64 age group; these are

- 1) Adults and Communities Directorate Mental Health Budget (Stockport Council) (over £4 million)
- 2) Stockport Primary Care Trust (over £18 million)

There is also a source of funding from SMBC Supporting People Grant; this funding relates specifically to housing related support (approx £500,000 on mental health – under review)

5.2 Funding Sources for Adult Mental Health Joint Commissioning Strategy (Based on 2006 Financial Mapping Submission)

FIGURES ROUNDED TO NEAREST £1,000

Service	Stockport PCT in £'000s	Stockport Council in £'000s	Total planned outturn
Community Mental Health Teams	£1,326	£1,024	£2,350
Access and Crisis Services	£957	£382	£1,338
Clinical Services	£4,845		£4,845
Secure and high dependency	£3,643		£3,643
Continuing Care	£1,174	£215	£1,389
Services for mentally disordered offenders	£28	£32	£61
Other Community and Hospital professional teams/specialists	£569		£569
Psychological therapy services	£949		£949
Direct Payment		£42	£42
Home support Services	0	£430	£430
Day Services	£12	£218	£230
Support Services	£72	£152	£225
Carers Services		£127	£127
Accommodation	£2	£1,652	£1,654
Mental Health promotion	£57		£57
Capital Charges	£339	£38	£377
Indirect costs	£732	£31	£763
Overheads	£660	£326	£986
GP prescriptions for anti-depressants and drugs used in psychoses and related disorders	£3,193		£3,193
Total	£18,558	£4,669	£23,228

5.3 SPEND BY PROVIDER TYPE

Service	NHS	Local Authority	Other NHS providers	Non-Statutory
Community Mental Health Teams	£1,326	£1,024		
Access and Crisis Services	£957	£376		£6
Clinical Services	£4,845			
Secure and high dependency	£508		£2,178	£957
Continuing Care	£741	£215		£433
Services for mentally disordered offenders	£28	£32		
Other Community and Hospital professional teams/specialists	£129			£440
Psychological therapy services	£909			£41
Direct Payment		£42		
Home support Services		£41		£389
Day Services	£11	£5		£213
Support Services	£5	£17		£202
Carers Services		£17		£110
Accommodation	£2	£359		£1,293
Mental Health promotion			£57	
Capital Charges	£339	£23		£15
Indirect costs	£718	£31		£14
Overheads	£608	£310	£52	£17
GP prescriptions for anti-depressants and drugs used in psychoses and related disorders	£3,193			
Total	£14,319	£2,492	£2,287	£4,130

5.4 National Financial Mapping Exercise

Each year the Mental Health Local Implementation Team participates in a financial mapping exercise. This exercise is designed to give a comprehensive picture of the national investment in mental health services. Each area is compared against the England average, strategic health authority average and with the Office of National Statistics cluster group. This group allocates all local authorities into “family groups” of areas with broadly similar characteristics (see Appendix G for full 2006 report). The table below shows comparisons for Stockport Local Implementation Team against the England average, SHA average and ONS Cluster Group

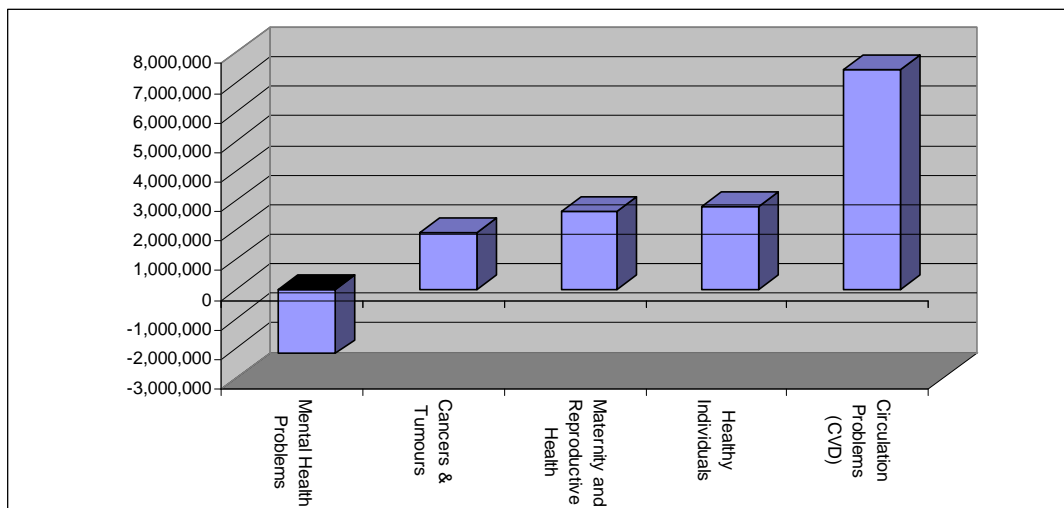
Adult Direct Services Weighted Investment per head	Spend per head
England Average	£124.90
ONS Cluster (Prospering smaller towns)	£119.00
Strategic Health Authority	£121.00
Stockport Mental Health LIT	£110.00

5.5 Stockport PCT Strategic Plan

Stockport Primary Care Trust Strategic Plan 2007/08 – 2009/10 identifies mental health as one of six priorities for investment. In developing the plan, the PCT used Programme Budget information, which sets out the PCT expenditure on health services by broad disease groups. This benchmarked analysis confirms investment for mental health is below average.

See figures below

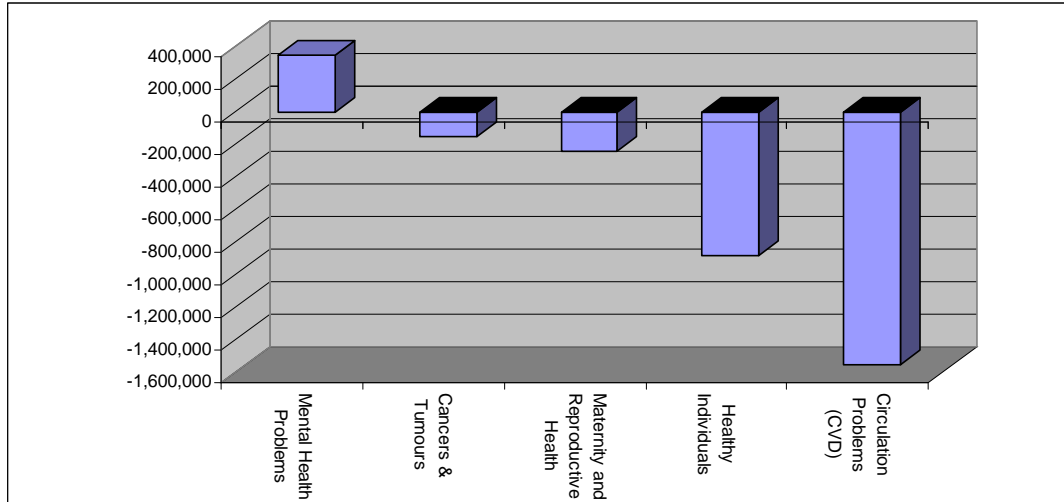
Figure I Programmes of Care - benchmarking



This analysis gives priority to **Circulatory Disease** and **Mental Health** as whole review and reform areas

Figure 2 then shows how the investments (excludes collaborative commissioning) and expected productivity savings will impact on these

Figure 2 Top 5 Programmes after Investment and Reform



Set out in the Strategic Plan, the PCT recommend mental health for a 1% increase in investment in each of the next three years and targeting on improving access and reducing inequalities.

Investment for Mental health

2007/08 Crisis Resolution/Home Treatment Team Child and Adolescent Mental Health Service Primary Care Mental Health Services	£617K
2008/09 (indicative subject to LDP prioritisation process)	£510
2009/10 (indicative subject to LDP prioritisation process)	£300

Stockport Council has recognised the imbalance of its investment within adult mental health services, with a weighting towards resourcing services within adult specialist mental health. As a first stage in addressing resource distribution and weighting, the Council has approved during 2007-08 the part year funding of the new preventive Crisis Accommodation and Home Support Service based in the community, an inclusive and accessible service designed to intervene early in people’s distress. Fully established this service is a priority for the Adults and Communities Directorate in 2008 and beyond.

Integrated Commissioning

Both Stockport PCT and Stockport Council intend to establish an Integrated Commissioning Unit. The unit will be responsible for integrated commissioning for a range of client groups including adult mental health. The unit will take responsibility for assessing needs, developing the provider market, joint/single commissioning performance monitoring and risk sharing. Integrated commissioning will foster a non-partisan approach, which works at all levels to facilitate better patient management.

SECTION SIX

PERFORMANCE PROCESSES

SECTION SIX

Both Stockport PCT and MBC have statutory obligations to achieve performance targets set by the DOH and its regulatory bodies (Healthcare Commission and Commission for Social Care Inspection). The performance measures are drawn from national policy context to ensure mental health services commissioned focus on service improvements and better outcomes for service users and carers.

6.1 PERFORMANCE INFORMATION

This section provides the following information;

- 6.1.1 Themes from the Improvement Review conducted by the Commission for Social Care Inspection (CSCI) and the Health Care Commission (HCC) in 2006.
- 6.1.2 A summary of performance measures

Themes from the improvement review by CSCI & the Health Care Commission 2006

Strengths;

- Groups were working closely to produce a joint strategy for services
- A recent stakeholders' conference had identified a wide range of service needs, upon which to build a broad agenda for change and improvement
- There were established groups of service users, carers, and voluntary agencies that were committed to engage with statutory agencies on service improvement programmes
- A small number of active service champions were present in the statutory and voluntary sectors
- The support of individual professional practitioners was highly valued by some service users
- A range of developments were taking place within the independent voluntary sector, supported by the Social Inclusion Steering Group, which showed a high level of commitment to social inclusion
- The Wellbeing Centre was a new initiative that had developed through a constructive relationship between voluntary agencies, service users, carers and statutory services
- The Arts for Recovery Project was an imaginative and valued initiative

6.1.2 Areas for Development;

- Joint commissioning & service planning processes were at an early stage of development
- The LIT was not effective in its role of overseeing the delivery of the NSF
- Services could become more effective in involving service users and carers at an earlier stage in considering change to service provision

- Both planning and service provision for people from black and minority ethnic groups were underdeveloped
- There were few community alternatives to prevent admission to hospitals at times of crisis
- The crisis resolution service was not meeting national guidelines and there was no clear plan when this would be resolved
- Public and professional information about service structures and access criteria for community mental health services was poor
- There was a high level of service modification and change that had caused service users and carers high levels of uncertainty and anxiety about continuity of care
- Links between primary care and mental health services were not well developed
- There was inconsistency in the practice and oversight of care management processes

In response to the above review, an improvement plan was produced by a multi-agency working group led by the PCT. This will continue to be monitored through the LIT & overseen by CSCI & the HCC.

STOCKPORT PERFORMANCE MEASURES FOR MENTAL HEALTH POSITION AS AT MARCH 2007

No.	Performance Indicator/Measure	Source	Lead Agency	Target/ Timescale	Actual	Commentary	Rating (RAG)
1.	People receiving assertive outreach services	Mental health NSF/LDPR	PCT	112	126	This target continues to be achieved	GREEN
2.	Numbers receiving crisis resolution/home treatment services	Mental Health NSF/LDPR	PCT	562	185	Definition for this service has changed, the target will not be met for 2006/07. Additional investment into this service has been secured, so there will be improvement towards achieving this target	RED
3.	Numbers receiving early intervention service	Mental Health NSF/LDPR	PCT	127 (3 year target) 42 (1 year recovery target)	38	The one year recovery target was not achieved (variance of 4). Service will continue to work toward 3 year target	RED
4.	Number of Carer support workers	Mental Health NSF/LDPR	PCT	4	3.5	Due to changes in Carers grant one of the	RED

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						WTE posts has been reduced to 0.5, thus target not met	RED
5.	Number of Primary Care Graduate Workers	Mental Health NSF/LDPR	PCT	6	5	Additional investment is require to meet the target	RED
6.	Community Gateway Workers	Mental Health NSF/LDPR	PCT	3	3	Counted as part of tier 2 single point of Access	GREEN
7.	Community Development Workers for Black and Minority Ethnic Groups	Delivering Race Equality/LDPR	PCT	3	0	To achieve this target additional resources are required	RED
8.	StaR workers in post	Mental Health NSF/LDPR	PCT	17	19	SHA has allowed all areas to count support workers with NVQ qualifications	GREEN
9.	7 day follow-up post discharge	LDPR	PCT	100%	94%	Overall yearly average, target not met.	RED
10	Reduce suicide rates – mortality rate from suicide and undetermined injury per 100,000 by 20% by 2009/11 form a base of 1995/97	LDPR	PCT	For 2002-04 the rate was 6.6 per 100,000		This is recorded on a three year average, due to low numbers there are fluctuations in rate. I	GREEN
11.	Suicide Prevention strategy to be produced and implemented	Mental Health NSF	PCT		Strategy completed	Action produced, now in implementation phase	AMBER
12.	Mental Health Promotion Strategy implemented	Mental Health NSF	PCT				Unsure about progress
13.	Dual Diagnosis Strategy in place	Autumn Self assessment	LIT		Strategy in place	Working Group now established, working on implementation	GREEN
14.	Emergency psychiatric re-admissions within 28 days	Adult Performance Indicator	LA			This is a statistic gathered centrally by the DH from Hospital Episodes data.	n/a
15.	Adults with a mental health problem helped to live at home	Adult performance indicator	LA	5.4 (920 people divided by population 171212 x	5.4	This performance is in the top banding.	GREEN

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				1000)			
16.	The number of vulnerable people accessing services promoting mental well-being and prevention of mental distress by way of the Stockport Well Being Centre who report improved quality of life and functioning	Stockport Local Area Agreement (LAA)	LA	See a,b,c below for targets			
16a	The number of people completing the tool on first or early contact with the centre	Stockport LAA	LA	By Apr. 08-20 By Apr. 09-60 By Apr. 10-80	n/a	At April 2007 10 forms had been completed	n/a
16b	The number of these people completing the tool on follow-up around 3 months later	Stockport LAA	LA	By Apr. 08-16 By Apr. 09-48 By Apr. 10-64	n/a		n/a
16c.	The percentage of b) who report improved quality of life and functioning	Stockport LAA	LA	By Apr. 08-12 By Apr. 09-36 By Apr. 10-48	n/a		n/a
17	The number of vulnerable people accessing services promoting mental well being and offering preventative, non clinical interventions collectively known as 'social prescribing'	Stockport LAA	LA				
17a	Arts on prescription	Stockport LAA	LA	Apr. 07-50 Apr. 08-60 Apr. 09-80	43 (86%)		RED
17b	Exercise on prescription	Stockport LAA	LA	Apr. 07-180 Apr. 08-240 Apr. 09-360	178 (99%)		AMBER
17c	Bibliotherapy – books on prescription	Stockport LAA	LA	Apr. 07-3500 Apr. 08-7000 Apr. 09-8000	12,011 (353%)		GREEN
18.	The proportion of people on the Care Programme Approach (CPA) being supported in paid employment	Stockport LAA	LA	Apr. 07-95/1016 Apr. 08-100/1016 Apr. 105/1016	Apr 07-120/1162	Increase from 9.35% to 10.32%	GREEN

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19	The proportion of people on CPA being supported in educational courses	Stockport LAA	LA	Apr. 07-51/1016 Apr. 08-56/1016 Apr.09-61/1016	Apr 07-61/1162	Increase from 5.01% to 5.24%	GREEN
20.	The proportion of people on CPA being supported in volunteering	Stockport LAA	LA	Apr. 07-46/1016 Apr. 08-51/1016 Apr. 09-56/1016	Apr 07-50/1162	Decrease from 4.52% to 4.3%.	RED
21.	To produce a mental health and housing strategy	Stockport LIT Local priority	LA			This should be produced by September 2007. Housing developments are underway in lieu of the strategy.	AMBER
22	To reduce the waiting list for counselling and psychological therapy to 18 weeks	Self Assessment	PCT			Waiting list for both CBT and counselling are unacceptably high. Need a programme of review to reduce this to acceptable levels	RED
23.	Referrals, assessment and packages of care	DOH	SMBC	There are 15 different measures under RAP, the mental health data contributing to the overall performance return for Stockport MBC Adult Social Care.		Return for Apr 07 evidences good performance. Future return will depend on NCRS returns.	GREEN
24.	Ethnicity of people receiving mental health services	DOH and the Delivery Improvement Statement	SMBC	61 people from BME communities receiving services. Total number 1425 people 4.28%	4.3% of Stockport community from BME	Numbers exactly equate to the community proportions	GREEN
25.	Number of carers for whom assessments and reviews were completed by age group of carer	DOH	SMBC	In 2005-06 146 assessments and reviews were completed by Making Space FSWs	In 2006-07 129 were completed.	Some fall due to long term absence of a FSW	AMBER

27.	Number of carers receiving different types of services funded through carers grant	DOH	SMBC	539	373	It is likely that figures for 2005-06 were overly high because of the dual counting of some carers. Systems are now more accurate	AMBER
28.	Number of carer breaks	DOH and Delivery and Improvement Statement	SMBC	88	81	Slight decrease but within acceptable margins	RED
29.	Approved Social Worker activity	Mental Health Act Commission	SMBC	In 2005-06, of 173 assessments under the MH Act requested, 132 led to admission under section. Diversion rate of 23.7%	Awaiting last quarter figures		n/a
30	Number of people receiving intensive home support	DOH	SMBC	In Sept 2006 (sample week) 212 people received 851 hours of home support		The sample week is again in September 2007	n/a

KEY

RED = TARGET NOT MET

AMBER = WORK IN PROGRESS

GREEN – TARGET MET/INITIATIVE ACHIEVED

SUMMARY

The performance measures are a combination of national targets and local priorities and provides the commissioning strategy with a performance framework to identify areas of priority for attention and evidence of targets achieved.

The LAA targets around wellbeing and social inclusion are an important contribution to the strategic direction laid out in this document and it would be expected that these targets will be achieved and surpassed as the focus of service delivery evolves.

Missing in the tool but to be added following the formation of the Recovery Steering Group and its work on championing recovery will be a number of measures and targets to support recovery focussed outcomes appropriate for a mental health

service with an underpinning philosophy of recovery. For example it would be expected that the number of Wellness Recovery Action Plans will be counted and, in line with the Pennine Care Values statement, service user led surveys of the experiences of users and carers against recovery outcomes will take place.

SECTION SEVEN

OUTCOME OF CONSULTATIONS

7.0 CONSULTATION WORK

During 2006 a number of consultations took place in Stockport to seek to identify a vision and priorities for mental health and wellbeing over the next five years. This section summarises some of the conclusions from recent consultation exercises

7.1 Outcome of Stakeholder Consultation day on 25 October 2006

7.2 Outcome of consultations with subgroups reporting to Mental Health LIT

7.3 Outcome of consultations in relation to mental health and housing needs in Stockport

7.4 Additional consultation with CAMHS, Older People's mental health services, the Independent Sector and others in relation to adult mental health services.

A full report of the day is included as Appendix B

Access/removing barriers

- For services to be open to all, 24/7
- To improve access to therapies and reduce waiting times
- For GPs to have training in mental health and to see mental health in a holistic way along with physical health, & to listen to carers
- Exercise and arts on prescription for all
- Build on existing community strengths
- Taking account of other cultures, beliefs, spirituality, faith
- Need for interpreters with understanding of mental health issues
- Importance of advocacy
- Roving non medical counsellors in hospitals
- Better information – both paper based and electronic – developing use of central directory/co-ordination of wellbeing information

Decentralisation

- Quality close to home - to decentralise services, with local wellbeing centres or treatment centres. These could be based in GP surgeries, museums, schools or churches, and could help people access a range of professionals and/or complementary therapies
- For social workers, CPNs etc. to all be based in the community, with knowledge of what services are available
- General advice centres, accessible to everyone, to reduce A&E presentations

Education/culture change/outreach support

- Education – culture change through better understanding of mental health, (e.g.) in schools nurseries and youth clubs
- Support for good nutrition and understanding of emotional literacy/ wellbeing
- Culturally specific outreach
- Using experts by experience
- Lobby/use media to help reduce stigma
- Helping sense of belonging – encouraging young people to be part of community
- Address belief systems & celebrate difference

Need not diagnosis

- Positive recovery focus
- Alternatives to medication
- De-medicalisation of people's experiences
- Care navigation
- Good support in pregnancy and for parents/families
- Changing work culture and providing free accessible help to people in the workplace

Integrated Service provision

- Join up young, adult, old age mental health services/improve transitions
- A Truly Integrated Service between Primary and Secondary- no age distinction, commissioned according to need not age
- Integrated adult social care services- a community centre for all, not separate day centres for service areas

Prevention

- Early gatekeeping
- Act on early signs of substance misuse
- Initial assessment centre/opportunity to be seen more quickly/early recognition of needs
- Addressing social health – housing, debt, homelessness, isolation, supported employment pathways
- Importance of CAB & welfare rights services
- Need range of supported housing including tenancies

- Crisis house run by service users with support
- Asylum houses as stage before crisis house
- Need to recognise importance of advocacy
- More support for carers (e.g. young carers, older carers)
- Consider needs of looked after children

Distribution of resources

- Equity in mental health services (i.e.) not all in acute
- More resources devoted to mental wellbeing would result in savings in overall health budget
- Need for fundraising
- Need for creative commissioning
- Ring fence money for mental health
- Use new roles – e.g. STR

Role of voluntary and independent sector

- Voluntary organisations vital part of preventative services
- Expand befriending services, with fewer hoops for voluntary organisations
- Forum for voluntary and independent sector with commissioners

Making change happen

- Drive the movement for change in Stockport
- Empowerment through coming together as a group
- Meet together more regularly
- Fight stigma, fear and ignorance
- Rename `service user' and re label whole service
- Need for joined up strategy between agencies
- Combat perceived barriers (e.g. National priorities v local need, resources, different perceptions of need – bring agencies together)
- Link to other strategies, neighbourhood renewal areas, Local area agreements, Community Development Strategy, bring LSP into this agenda

7.2 Consultation regarding priorities and unmet needs sent to all groups which report to the Mental Health LIT.

There was a very comprehensive range of responses which are reported in full in Appendix C

The responses can be summarised as follows;

- The need to focus on wellbeing in its broadest sense, recovery & quality of life, and to combat stigma
- The need to address the broader contextual issues; physical health, housing and employment
- The need to eradicate waiting lists
- More opportunities for counselling and Cognitive Behavioural therapy (CBT) & computerised CBT

- No delayed discharges
- Alternatives to hospital- but a fast track there when it is needed
- Better user & carer involvement including service user involvement in recruitment and selection
- More Direct Payments
- 24 crisis response
- Crisis prevention- but also- Crisis beds
- More CPNs and support workers (one group suggested a radical redistribution of resources away from Consultants towards the above staff)
- Reduction of the gap between primary and secondary services
- Better transitions from CAMHS & into OP services

7.3 Outcome of consultations in relation to mental health and housing needs in Stockport

These consultations involved two meetings with users and carers & discussions with staff

(a) Feedback from meetings with users and carers reference early section

Key themes which emerged included;

- The need for a good range of housing solutions in 'safe, nice areas'
- Varied housing linked to need
- Continuity of Services- Joined up services
- Self referral & individual budgets- 'whose life is it anyway'
- Being individual but not alone
- A way to find out what services & options are available

It was agreed that we needed to do work to develop appropriate proposals for Housing and support models which could offer appropriate choice, flexibility and support to meet a range of needs. Service users and carers emphasised the urgency of this. There was also a need to develop better information for service users and carers trying to access housing and support.

Key findings from this consultation is included in Appendix F

7.4 FEEDBACK FROM OTHER GROUPS;

Although this Commissioning Strategy is focused on the 18 -64 age group, consideration of the priorities for the Older People Mental Health Team, Children & Adolescent Mental Health Services & others is important in terms of transitions and possibilities for joint investment

Older People with Mental Health Needs

A number of issues have been identified in terms of the interface between mental health services for those under and over 65 years.

1. Transitions

The first theme relates to the issue of transitions between services and referral protocols with a view to working towards a needs led rather than age related service as set out in recent policy guidance.

2. Young Onset Dementia type services

There is an action in the 'Everybody's Business' Strategy that identifies a need to reconfigure existing services to create a 'virtual team' for Younger People with a dementia. This would harness and focus existing expertise and increase opportunities for learning and improving skills, and therefore services in this area. - This 'team' may consist of interested staff who develop a specialism, from all areas including primary care, social work, CPN, consultant, therapists, voluntary sector services, etc. and from both under & over 65s mental health services.

3. Alcohol and drug services both for older people and for younger people who then have dementia like symptoms.

4. Links around out of hours services

5. Joint training around these areas

Children and Adolescents with Mental Health Needs

Again a range of issues have been identified in relation to children and young people with mental health needs;

1 Care pathways for young people

The development of the 16 & 17 year old service and ensuring that there are clear care pathways with all existing services including Adult Mental Health

2. Lack of Speech and Language Therapy, Physiotherapy and Occupational Therapy at appropriate capacity for children's services meaning children are going into adulthood with ongoing difficulties and undiagnosed difficulties

Children in these categories are at risk of poor communication skills link with poor educational attainment due to their disabilities that then result in low self-esteem/ mental health difficulties and offending needing highly specialist provision in adult hood'

Third Sector

Consultation with seven organisations across the voluntary and independent sectors highlighted the following perceived gaps and areas of unmet need:

- specialist services for older people with personality disorder and challenging behaviour including accommodation
- insufficient psychotherapy and counselling
- better liaison between mental health services and eating disorder services
- services for young people with mental health problems
- more gender sensitive services
- insufficient provision in primary care for people with mental health needs

It is strongly recommended that commissioners encourage and support voluntary sector organisations to work in partnership with each other when seeking to bid for service provision opportunities, thus recognizing the added value such local organisations could bring together to the wider service

SECTION EIGHT

CHANGING THE FOCUS OF SERVICES- PRIORITIES AND RECOMMENDATIONS

SECTION EIGHT

CHANGING THE FOCUS OF SERVICES

8.0 Introduction:

This document has provided a range of information on which Commissioning decisions can be made, with reference to the vision and outcomes below:

- National policy direction & philosophy of care (e.g. white paper, NSF five years on) (sections one and two)
- Local strategies (e.g. suicide prevention, recovery and social inclusion, health promotion) (section two)
- Demographic information (e.g. mental health inequalities by ward) (section three)
- Knowledge of current services (section four)
- Performance information, from the Joint Review & LIT self assessment (section five)
- Budget & contractual arrangements (section six)
- Consultations (Stakeholder event in Oct 2006, housing & mental health consultation, LIT consultation, independent and voluntary sector consultation, Older People and CAMHS consultation) (section seven).

This section will therefore identify a list of key recommendations based on the content of the document so far.

8.1 The following vision & outcomes were stated in section one as follows;

Our vision – desired outcomes of the Commissioning process

- Improved mental wellbeing, health and quality of life across the population
- More emphasis on prevention, choice and control,

- A culture of ability, self care and recovery
- To challenge stigma and discrimination and work with excluded communities,
- To maximise inclusion and reduce exclusion
- Person centred services- providing support to fulfil potential
- Increased support for people with long-term needs to live independently..
- Greater integration of services

What do we need to do to get there?

- Promote early identification of mental health problems
- Improve the knowledge and skills of all health professionals through education and training
- Offer assistance to service users at the earliest point in the system appropriate to their needs
- Ensure that access to care is appropriate to the needs of the individual rather than just the diagnosis
- Integrate services to help people with complex needs
- Deliver care as locally as possible
- Ensure that packages of care meet the needs of service users and their family/carers
- Ensure that all care should represent best value for money available to maximise quality and minimise wasted resources.
- Contribute to the public mental health agenda – building knowledge and interventions to help people look after their own mental health and that of others

8.2 Determining Priorities for investment and development;

A prioritisation exercise was used to determine the recommendations listed below, see Appendix E

8.3 Recommendations-(these are not listed in any priority order)

1. The Mental Health service in Stockport will adopt the recovery approach as its guiding philosophy ensuring that the services and interventions people receive will maximise their chances of growth beyond the limitations imposed by the illness and minimise those which maintain dependence
2. The development of a comprehensive range of provision to support people in crisis
3. The development and implementation of a stepped care model within primary and community care including increased choice of psychological therapies
4. Improved diversity agenda including gender specific services, & awareness of disability, sensory impairment & sexuality.

5. Improved planning and service provision for people from black and minority ethnic groups.
6. Improved partnership working with the voluntary/independent sector to enhance the range and quality of services
7. Mental health promotion to work with a range of stakeholders to develop public awareness of mental health issues, including education, the media, & workplace support
8. Continued development of social inclusion priorities including opportunities to offer volunteering, training, education and employment to service users
9. Greater integration of services and improved transitions between services for younger people, adults & older people
10. To improve information about service structures and access to community mental health services for service users and carers and other stakeholders
11. To further develop the Early Intervention Service (EIS) in Stockport to be both compliant with the national policy guidance to achieve the national target and improve outcomes for young adults at first/early presentation with psychosis
12. To consider all options for developing joint services such as those for vulnerable adults, including those with autistic spectrum disorders and those with low level support needs, in partnership with Learning Disabilities, Strategic Housing and/or Supporting People
13. When planning and developing new services, the health and social care inequalities across Stockport must be addressed
14. To provide more accommodation options and choice including individual tenancies for people with mental health needs and to support those people with more targeted floating housing related support in line with their assessed needs
15. To make more effective and representative service user involvement in planning, delivery and evaluation forums, leading to a more valuable contribution to service development in Stockport
16. To improve services for carers of people with mental health issues enabling more carers to feel supported and enabled to continue caring where possible and desirable

SECTION NINE

IMPLEMENTATION AND ACTION PLAN

9. The Way Forward - implementation plan

The implementation and action plan developed from this document will incorporate three key areas:

- The recommendations
- The requirements of the 2006 Joint Review (based on the mental health assessment framework)
- The expectations from the LIT self assessment.

It is recognised that there is considerable overlap between these areas. The improvement review has emphasised the need to develop better crisis services, improved access to psychological therapies, and more integrated services.

By combining these three areas & involving external partners in the implementation plan, the mental health LIT will have a strong agenda for change for the next five years.

NB; The recommendations are not listed in order of priority

JOINT COMMISSIONING IMPLEMENTATION AND ACTION PLAN MARCH 07

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
1.The Mental Health service in Stockport will adopt the Recovery Approach as its guiding philosophy ensuring that the services and interventions people receive will maximise their chances of growth beyond the limitations imposed by the illness and minimise those which maintain dependence	<p>The Joint Commissioning Strategy will have made explicit the Recovery Approach as the underpinning philosophy of Stockport Mental Health Services.</p> <p>Stakeholders will have come together to work on agreeing recovery outcomes using current research and practice from around the UK and other areas of the world practicing recovery.</p> <p>An increase in the number of Support Time and Recovery workers</p> <p>An increase in the number of service users with Wellness Recovery Action Plans (WRAPs);</p> <p>An increased number of service users on CPA with WRAPs,</p> <p>An increased number of service users reporting satisfaction with the service received in its attention to their recovery</p>	The LIT will receive a presentation on the Recovery Approach which will be included in the JCS as its statement of philosophy.	SMBC, ACD	April 07	Existing resources
		To circulate the Code of Good Practice for the Involvement of Service Users and Carers in Meetings to all providers of service	SMBC, ACD	April 07	Existing resources
		To organise a Recovery Strategy Working Group to go on to develop a Stockport Recovery Network.	SMBC, ACD	July 07	Existing resources
		To convene a Recovery Conference in 2008,	SMBC, ACD	Oct 08	New resources
		Service providers will appoint recovery leads to join the Recovery Network	SMBC, ACD	Sept 07	Existing resources
		A WRAP training strategy will be developed and made available to support workforce development.	SMBC,ACD	Oct 07	Existing resources
		Annual user led service evaluation projects of mental health services will be commissioned to evidence people's experiences against	SMBC, ACD	April 08 and then annually	New resources

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	pathway	<p>recovery outcomes</p> <p>Service providers will develop a workforce informed and guided by recovery principles by making available recovery training</p> <p>Service providers to develop and adopt recovery focussed outcomes.</p> <p>Audit will take place of the care planning process to demonstrate the number of care plans with service user and carer involvement evidenced, with recovery focussed outcomes including social inclusion opportunities considered, and WRAP referenced.</p>	<p>Service Providers</p> <p>Service Providers</p> <p>Service Providers</p>	<p>April 08</p> <p>April 08</p> <p>April 08 and then annually</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p>
2. The development of a comprehensive range of provision to support people in crisis	<p>Performance monitoring information provided by the service provider to count numbers of contacts, response times, outcomes and service user satisfaction measure, including usage of the accommodation.</p> <p>Reduction in the number of inappropriate presentations and admissions at A&E and the wards.</p>	<p>Agree the model and pathways for the new Crisis Accommodation and Home Support Service</p> <p>Develop the service specification and identify all the funding required to progress the tendering process for the Home Support and Crisis Accommodation Service.</p> <p>Gain approval from Executive for commissioning the service.</p> <p>Work with RSLs, Contracts and Legal services to identify suitable property</p>	<p>SMBC</p> <p>SMBC</p> <p>SMBC</p> <p>SMBC</p>	<p>September 07</p> <p>September 07</p> <p>July 07</p> <p>July 07</p>	<p>Existing resources</p> <p>New resources</p> <p>Existing resources</p> <p>Existing resources</p>

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	<p>Formation and development of an increasing number of recovery based peer support networks.</p> <p>Hospital admission rates reported to the PCT via quarterly clinical activity reports</p> <p>562 home treatment episodes provided annually in a community setting measured quarterly via Local Delivery Plan Returns (LDPR) for Crisis Resolution and Home Treatment</p>	<p>and contractual arrangements for its usage.</p> <p>Initiate and complete the tendering process between voluntary sector providers.</p> <p>Establish the service and arrange performance monitoring meetings.</p> <p>To improve Crisis Resolution Services, which will include effective Home Treatment and inpatient bed management, with 24 hour access to services</p> <p>Redesign crisis resolution team to support gate-keeping function within established resources</p> <p>Submit proposal for additional investment to Stockport PCT Local Delivery Plan (LDP) process to increase capacity to provide crisis resolution services.</p> <p>Production of operation policies for a 24/7 Crisis Service in line with both New National Guidance (Dec. 06) and agreed Trust policies</p> <p>Review Local Authority Out of Hours service (Mental Health element) with</p>	<p>SMBC</p> <p>SMBC</p> <p>Pennine Care</p> <p>Pennine care</p> <p>PCT</p> <p>Pennine Care</p> <p>SMBC</p>	<p>July 07 to Dec 07</p> <p>Jan 08</p> <p>Mar 07</p> <p>March 07</p> <p>March 07</p> <p>March 07</p> <p>April 08</p>	<p>Existing resources</p> <p>New resources</p> <p>Existing and new resources</p> <p>Existing resources</p> <p>New resource</p> <p>Existing resources</p> <p>Existing resources</p>

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
		a view to support 24 hour, 7 day crisis resolution service			
3.The development and implementation of a stepped care model within primary and community care including increased choice of psychological therapies	Measure of patient experience questionnaires	Service reform Working Group established	Stockport PCT	2006	Existing resources
	Monthly monitoring of waiting times for psychological therapies	Care pathway developed including focussing on <ul style="list-style-type: none"> The development of local assessment centres/teams to enable people to be seen quickly and close to home Care navigation with a positive recovery focus Improved links between primary care and mental health services 	Stockport PCT	Jan 2007	Existing resources
	Monitoring of waiting times for out-patient appointments				
	Reported GP satisfaction				
	Implementation of Local Area Agreements for mental health and wellbeing				
	Service users have access to a range of psychological therapies and choice of therapies within acceptable waiting times	To fully cost and assess affordability for service model	Stockport PCT	Sept 2007	Existing resources
	To pilot the new pathway within a locality	Stockport PCT	April 2008	Existing resources	
	Develop a hub and spoke psychological therapy Team in Stockport	Pennine Care	January 08	New and existing resources	
	To continue to develop the social prescribing opportunities in Stockport, including progressing the pilot research site for the use of the	MH Promotion PCT	Ongoing	New and existing resources	

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	Presentations at GP locality groups	Warwick-Edinburgh Mental Wellbeing Scale, commencing in January 2007 for one year To inform GPs and other primary care practitioners of developments across mental health services	Stockport PCT	October 07 and ongoing	Existing resources
4. Improved diversity agenda including gender specific services, & awareness of disability, sensory impairment & sexuality	Number of staff within provider services who have received diversity training	Providers of Mental health Services to consider the Council Plan for Diversity and organisations' plans for addressing diversity and identify steps to take and agree actions including ensuring diversity training is widely available to all their staff and volunteers	All mental health providers	March 08	Existing resources
	When set, to achieve the equalities monitoring targets	To set equalities monitoring targets across all service providers by March 08	Stockport PCT and SMBC	March 08	Existing resources
5. Improved planning and service provision for people from black and minority ethnic groups.	An increased number of people from BME communities making appropriate use of mental health services. In patient admissions and community services take up for people from BME communities to reflect the proportion of BME populations in the community. Through annual appraisals, Staff Surveys, consultation with service users and Patient Surveys All provider services to report on ethnicity of service users	Re-establish a Delivering Race Equality mental health Steering Group	Stockport PCT	September 07	Existing resources
		To identify a representative from BME community to attend the Mental Health LIT.	Stockport PCT	September 07	Existing resources
		Submit proposal to Stockport PCT LDP process for investment to recruit target number (3) of Community Development Workers for BME groups	Stockport PCT	March 07	New resources (not supported)
		If funding is agreed appoint CDW to be based with Local Authority Community Development Workers	Stockport PCT/SMBC	August 2007	New resources (not prioritised for 2007/08)

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	<p>receiving services</p> <p>Record and collect the number of people from BME communities involved in mental health services within primary care and secondary care reporting satisfaction – patient surveys and satisfaction reporting</p> <p>Number of BME service users represented at service user groups</p> <p>Number of BME carers represented at carer groups</p>	<p>who have a track record of working with BME groups</p> <p>Establish closer working with the Neighbourhood Renewal teams, Community Development Workers and agree joint actions around community mental health issues.</p> <p>Develop a programme of work linked to the MH Social Inclusion Strategy that will help to engage BME communities in mental health promotion and prevention through the WBC Advisory Group.</p> <p>To put in place information systems for both gathering and recording ethnicity data across community and inpatient services, for Pennine Care by implementation of the NCRS and RAP reporting</p> <p>Ensuring all contracts with provider organisations include the requirement to monitor ethnicity take up and that the information is provided</p>	<p>SMBC</p> <p>All service providers</p> <p>SMBC/Stockport PCT and Pennine Care</p> <p>SMBC and Stockport PCT</p>	<p>March 2008</p> <p>April 2007-</p> <p>April 2007</p> <p>April 07</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p>
<p>6.Improved partnership working with the voluntary/independent sector to enhance the range and quality of services</p>	<p>Measure and record attendance and engagement by voluntary sector organisations at voluntary sector forum and other mental health meetings</p>	<p>To review the Voluntary Sector Forum and re-visit the terms of reference and membership of the Group with Support from Stockport Centre for Voluntary Service</p>	<p>Stockport CVS</p>	<p>September 07</p>	<p>Existing resources</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
		<p>To inform (by letter) all third sector providers of the review of the Voluntary Sector Forum and their opportunities for involvement</p> <p>For Commissioning leads to support the development of the Voluntary Sector Forum, to listen to concerns, seek views from the group and inform of any service changes</p>	<p>Stockport CVS</p> <p>Stockport PCT and SMBC</p>	<p>Sept 07</p> <p>Ongoing</p>	<p>Existing resources</p> <p>Existing resources</p>
<p>7. Mental health promotion to work with a range of stakeholders to develop public awareness of mental health issues, including education, the media, & workplace support</p>	<p>Number of World Mental Health Day events</p> <p>Number of people attending</p> <p>Number of merchandise distributed</p> <p>Number of articles in local media promoting mental health</p> <p>Number of magazines produced and distributed</p> <p>Number of hits, pages of hits</p>	<p>The 1 in 4 group to co-ordinate World Mental Health Day</p> <p>Shift stigma role, monitor and respond to mental health reporting in Stockport to ensure positive balanced representation</p> <p>Produce a yearly mental health magazine to promote and market the range of mental health promotion activities and to inform the population of ways to promote and protect their own and others mental health and well-being</p> <p>Develop Stockport well-being website which bring together in one port of call Stockport mental health and well-being services, good quality web-based support which include free CBT downloadable mental health booklets and high quality specialist mental</p>	<p>MH Promotion Stockport PCT</p> <p>MH Promotion</p> <p>MH Promotion</p> <p>MH Promotion</p>	<p>Annual</p> <p>Ongoing</p> <p>Annual</p> <p>April 07</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p>

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	<p>Number of people trained Evaluation of courses</p> <p>Local evaluation of use and accessibility of information</p> <p>Evaluation of sessions</p> <p>Number of booklets distributed Quantity of promotional materials distributed</p> <p>Number of people trained</p>	<p>health websites</p> <p>Provide training for local workers and community members, build capacity within local communities to support residents' mental health and well-being</p> <p>Implement information on prescription scheme locally to ensure good quality information is accessible and timely</p> <p>Work with libraries and local internet access points to provide web-based mental health support.</p> <p>Partnership work with extended schools and Sure Start Centres – Social and emotional health campaign, distribution of self health booklets.</p>	<p>MH Promotion</p> <p>MH Promotion</p> <p>MH Promotion</p> <p>MH Promotion</p>	<p>Ongoing</p> <p>June 07</p> <p>October 07</p> <p>Ongoing</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p>
<p>8.Continued development of social inclusion priorities including opportunities to offer volunteering, training, education and employment to service users</p>	<p>The proportion of people on the Care Programme Approach (CPA) being supported in educational courses; education is defined as any course formally provided by a recognized centre of learning including adult and higher education.</p>	<p>Ensure a robust system is in place for collecting from Pennine Care the performance information required re people on CPA taking up opportunities.</p> <p>In line with the STR Worker strategy, to increase the numbers of STR</p>	<p>SMBC</p> <p>SMBC</p>	<p>May 07</p> <p>March 2010</p>	<p>Existing resources</p> <p>Existing and new resources</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	<p>The proportion of people on the Care Programme Approach (CPA) being supported in paid employment (employment is defined as receiving remuneration for any amount of hours worked in a week, encompassing full or part time, supported employment, and self employment)</p> <p>The proportion of people on the Care Programme Approach (CPA) being supported in volunteering (volunteering is defined as any amount of hours worked in a week without remuneration following receiving approval and training from an organization with ongoing support provided).</p> <p>The number of vulnerable people accessing services promoting mental wellbeing and prevention of mental distress by way of the Stockport Wellbeing Centre who report improved quality of life and functioning, measured by completion and analysis of a Quality of Life tool. There are three target numbers:</p> <ul style="list-style-type: none"> the number of people completing the tool on first 	<p>workers to ensure that all life domains have an allocated 'bridging' worker</p> <p>Ensure that links and pathways are established with a range of mainstream service providers to increase the opportunities available</p> <p>To develop a coordinated volunteer training and placement scheme across service providers</p> <p>To support the development of social enterprises offering service users opportunities for volunteering and employment</p> <p>For Progress House Day Centre to continue to develop its links with community services and its development of a social enterprise</p>	<p>SMBC</p> <p>Stockport CVS</p> <p>SMBC</p> <p>SMBC</p>	<p>September 07 and ongoing</p> <p>December 07</p> <p>January 08 and ongoing</p> <p>January 08 and ongoing</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing and new resources</p> <p>Existing and new resources</p>

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	<p>or early contact with the Centre.</p> <ul style="list-style-type: none"> • the number of these people completing the tool on follow-up around 3 months later. • The percentage of b) who report improved quality of life and functioning 				
<p>9.Greater integration of services and improved transitions between services for younger people, adults & older people</p>	<p>Written protocols in place and shared across all services</p>	<p>To work with service providers to develop and agree transition protocols for service users care between child and adolescent services and adult services</p> <p>To work with service providers to develop and agree transition protocols for service users care between adult services and older people</p> <p>Monitoring and audit the compliance of the protocols</p>	<p>Stockport PCT and Pennine</p> <p>Stockport PCT and Pennine</p> <p>Stockport PCT and Pennine Care</p>	<p>Dec 07</p> <p>Dec 07</p> <p>Annually</p>	<p>Existing resources</p> <p>Existing resources</p> <p>Existing resources</p>
<p>10.To improve information about service structures and access to community mental health services for service users and carers and other stakeholders</p>	<p>Through the service user evaluation audit, the number of service users who report satisfaction with the information provided regarding the service offered to them and their awareness of service structures</p> <p>Service User and carer feedback provided at the annual consultation event in Dec 2007</p>	<p>Making use of existing newsletters and other communication systems for circulating a quarterly bulletin on behalf of the LIT and then review it's effectiveness</p> <p>To review the Service Directory for MH and make more accessible</p> <p>To develop the Stockport well being web site to include links to information</p>	<p>Stockport PCT and SMBC</p> <p>Stockport PCT and SMBC</p> <p>Stockport PCT and SMBC</p>	<p>Sept 07 and then quarterly</p> <p>June 08</p> <p>Oct 07</p>	<p>Existing resources</p> <p>New resources</p> <p>Existing and new resources</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	and each year thereafter.	<p>on service user and carer opportunities for involvement, information around service structures and comprehensive information on recovery</p> <p>To host a Mental health stakeholder event in December 07 and then annually</p> <p>To circulate the Service User Involvement Strategy to all providers of service with an explicit recommendation from commissioners that all providers will strive to abide by the good practice it recommends</p> <p>To organise sub-groups of the Service User Group and Carers Group to discuss and agree systems for service improving information flows</p>	<p>Stockport PCT and SMBC</p> <p>SMBC</p> <p>SMBC</p>	<p>December 07</p> <p>May 2007</p> <p>August 07</p>	<p>Existing and new resources</p> <p>Existing resources</p> <p>Existing resources</p>
11.To further develop the Early Intervention Service (EIS) in Stockport to be both compliant with the national policy guidance to achieve the national target and improve outcomes for young adults at first/early presentation with psychosis	Mental Health Service Mapping Exercise shows compliance with the national service model	<p>The EIS to form links and partnerships with mental health promotion and voluntary sector groups to raise the awareness of early identification regarding psychoses and other serious mental health problems</p> <p>The EIS to deliver training packages to primary care professionals, particularly GPs and other key agencies on the importance of early detection for people with potential</p>	<p>Pennine Care and other providers</p> <p>Pennine Care</p>	<p>December 07</p> <p>June 08</p>	<p>Existing resources</p> <p>New resources</p>

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Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	Stockport EIS achieve and exceed national target for EIS (127 clients in service for up to 3 years) measured by LDP Returns	early psychosis To increase capacity to the EIS to provide <ul style="list-style-type: none"> • Early and sustained (up to 3 years) engagement for young adults diagnosed with psychoses • Dedicated medical in-put to ensure appropriate medication management • Support to families and carers • Support to service users to engage in education and vocational opportunities 	Stockport PCT and Pennine Care	March 08	New resources
12.To consider all options for developing joint services such as those for vulnerable adults, including those with autistic spectrum disorders and those with low level support needs, in partnership with Learning Disabilities, Strategic Housing and/or Supporting People		Using existing information resources and new data, undertake a needs assessment Undertake a feasibility study to test out the effectiveness of a team approach to support vulnerable adults Evaluate findings and decide if model is acceptable and appropriate- if so to develop business case for new service	Stockport PCT and SMBC Stockport PCT and SMBC Stockport PCT and SMBC	Sept 08 Jan 09 March 10	Existing and new resources New resources New resources
13.When planning and developing new services, the health and social care inequalities across Stockport must be addressed	More services will be made available and accessible to the residents of those areas of Stockport with greatest incidence of deprivation, specifically mental health indicators.	Carry out health equity audit Demographic analysis of demand and service delivery for all service providers.	Stockport PCT Pennine care and other service providers with SMBC Communities Directorate	Nov 07 April 08	Existing resources Existing resources

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
		Establish systematic process across all service providers for monitoring of data, and then use the data to inform service change to address inequalities	Stockport PCT and SMBC	April 08 and ongoing	Existing and new resources
14.To provide more accommodation options and choice including individual tenancies for people with mental health needs and to support those people with more targeted floating housing related support in line with their assessed needs	<p>Number of new service users with mental health problems receiving support from the SP programme, including the number of people receiving SP funded support through the Home support and Crisis accommodation Service (see 1).</p> <p>Fewer people presented to the Funding Panel for the purchase of care packages from provider services offering home support and tenancy based support</p> <p>Fewer service users on CPA registering dissatisfaction with their Housing situation</p>	<p>To work with the Supporting People team to consider options for new or remodelled services for people with mental health needs.</p> <p>MH and Housing strategy to be finalised</p> <p>The development of further floating support for people with mental health needs funded through the Supporting People Programme</p> <p>The implementation of the recommendations of the mental health & housing strategy</p> <p>The development of robust partnership links between the Home Support and Crisis accommodation service, and the forthcoming Supporting People floating support service for people with mental health needs</p> <p>To establish a systematic process for</p>	<p>SMBC</p> <p>SMBC</p> <p>SMBC and Supporting People Commissioning Team</p> <p>SMBC</p> <p>SMBC</p>	<p>June 07</p> <p>October 07</p> <p>Jan 08</p> <p>June 08</p> <p>Sept 07</p>	<p>Existing resources</p> <p>Existing resources</p> <p>New resources</p> <p>Existing and new resources</p> <p>Existing resources</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
		monitoring accommodation placements resulting from improved choice.	SMBC	December 07	Existing resources
15 To make more effective and representative service user involvement in planning, delivery and evaluation forums, leading to a more valuable contribution to service development in Stockport	Number of comments made to the LIT Service User Sub Group reflecting improved communication and satisfaction with communication system. Service User feedback provided at the annual consultation event in Dec 2007 and each year thereafter.	To establish a system for ensuring people who use services have the opportunity to participate in service planning groups	SMBC	October 07	Existing and new resources
		Review of current systems for enabling effective user involvement and proposing changes in line with research around best practice for service user involvement	SMBC	December 07	Existing resources
		To support the above actions <ul style="list-style-type: none"> to recruit a service user development worker, to develop a mentoring system to review the guidance around remuneration and payment and implement clear policy accordingly 	SMBC and Stockport PCT	June 2008	New resources
16 To improve services for carers of people with mental health issues enabling more carers to feel supported and enabled to continue caring where possible and desirable	Number of comments made to the LIT Carer Sub Group reflecting improved communication and satisfaction with communication system. Carer feedback provided at the annual consultation event in Dec	To establish a system for ensuring as wide a group as possible of carers have the opportunity to take part in service planning groups, this will include offering preparation and support	SMBC	Feb 08	Existing resources
		Review of current systems for enabling effective carer involvement and proposing changes accordingly	SMBC	Feb 08	Existing resources
		To ensure that carers own recovery is	SMBC	March 08	New and

Joint Commissioning Strategy for Adults with mental health needs in Stockport

Recommendation	Measures/Targets	Action	Lead Responsibility	Deadline /Timescale	Resource Implications
	2007.	<p>considered and they are afforded the opportunity to benefit from increased opportunities in training, education, volunteering, employment and leisure</p> <p>To develop effective systems to ensure carers are offered services in an emergency when prevented from caring</p> <p>To develop systems and services which will give carers the information and the choice they need to care most effectively</p>	<p>SMBC</p> <p>SMBC</p>	<p>Oct 07</p> <p>June 08</p>	<p>existing resources</p> <p>New resources</p> <p>Existing resources</p>

SECTION TEN

GOVERNANCE AND MONITORING ARRANGEMENTS

10. Governance and monitoring arrangements

The purpose of this section is to set out the arrangements by which this strategy will be monitored.

To facilitate this ongoing monitoring a full list of measures and where relevant targets have been included in the implementation plan along with expected timescales.

As part of the development process the strategy has been approved by the Mental Health Local Implementation Team prior to approval by both Stockport PCT and the Executive of Stockport Council.

Progress towards achieving the recommendations and actions of the plan will be monitored through:

- The Mental Health LIT
- The new integrated joint commissioning structures (under development)
- Feedback from people who use services and carers, particularly in relation to effectiveness of service improvements
- Stakeholder meetings
- Business Plan monitoring across both Stockport PCT and Stockport Council
- Contract monitoring and service level agreement meetings with provider organisations

Communication and transparency are essential to a healthy process of development and change. Improving communication is a key part of the Implementation Plan and this will help to ensure a robust process whereby all stakeholders will be enabled to contribute to the process in a meaningful way.

References:

1. Making Ends Meet: Commissioning Audit Commission Social Service Inspectorate (2004)
2. Our Health, Our Care, Our Say: A New Direction for Community Services DOH (2006)
3. The Commissioning Friend for Mental Health Services: A Resource Guide for Health and Social Care Commissioners NIMHE
4. National Service Framework for Mental Health: Modern Standards and Service Models DOH (1999)
5. National Suicide Prevention Strategy for England DOH (2002)
6. Mental Health and Social Exclusion ODPM (2004)
7. Delivering Race Equality in Mental Health DOH (2005)
8. National Service Framework: Five Years On DOH (2004)
9. Action on Stigma: Promoting Mental Health, ending discrimination at work DOH (2006)
10. Ten High Impact Changes for Mental Health Services NIMHE (2006)
11. Future of Mental Health: A vision for 2015 Sainsbury's Centre for Mental Health (2006)
12. Goldberg D, and Huxley P, 'Common Mental Disorders: A bio-social model' Routledge, (1992)
13. Steven A, Raftery J, Health Care Needs Assessment : The Epidemiology based needs assessment (vol.2)
14. Stockport Adult Mental Health Strategy 2001
15. Taking a Turn for the Better: Stockport Mental Health Promotion Strategy (2002)
16. Stockport Suicide Prevention Strategy 2005
17. A Social Inclusion Service Model for People with Mental Health Needs in Stockport Rethink 2005
18. Stockport Dual Diagnosis Strategy 2005

Appendices

Appendix A

Guiding Principles

The following principles formed the basis for the development of The Recovery Process Model and emerging Best Practices.

Principle I

The user of services decides if and when to begin the recovery process and directs it, therefore service user direction is essential throughout the process.

Principle II

The Mental Health System must be aware of its tendency to promote service user dependency.

Principle III

Users of service are able to recover more quickly when their:-

- hope is encouraged, enhanced and/or maintained
- life roles with respect to work and meaningful activities are defined
- spirituality is considered
- culture is understood
- educational needs as well as those of families/significant others are identified
- Socialisation needs are identified
- they are supported to achieve their goals

Principle IV

Individual differences are considered and valued across the life span

Principle V

Recovery from mental illness is most effective when a holistic approach is considered; this includes psychological, emotional, spiritual, physical and social needs.

Principle VI

In order to reflect current 'best practices' there is a need for an integrated approach to treatment and care that includes medical/biological, psychological, social and values based approaches. A recovery approach enhances all of these.

Principle VII

Clinicians and practitioners initial emphasis on 'hope' and the ability to develop trusting relationships influences the recovery of users of services.

Principle VIII

Clinicians and practitioners should operate from a strengths/assets model.

Principle IX

Users of service with the support of clinicians, practitioners and other supporters should develop a recovery management or wellness recovery action plan. This plan focuses on wellness, the treatments and supports that will facilitate recovery and the resources that will support the recovery process.

Principle X

Involvement of a person's family, partner and friends may enhance the recovery process. The user of service should define whom they wish to involve.

Principle XI

Mental health services are most effective when delivery is within the context of the service users locality and cultural context

Principle XII

Community involvement as defined by the user of service is central to the recovery process

Appendix B

MENTAL HEALTH LIT MEETING NOVEMBER 2006

MENTAL HEALTH COMMISSIONING STRATEGY; BRIEFING ON CONSULTATION EVENT

November 06

1.0 Summary

This briefing is to update LIT members on the continued work in progress to produce a Joint Commissioning Strategy with specific reference to Mental Health in Stockport. In particular, this briefing notes the outcome of the recent consultation day held at Houldsworth Mill on October 25th, 2006.

2.0 Background

- 2.1 Members will be aware that SMBC & the PCT are working together to produce a Joint Commissioning Strategy. To do this we are seeking the views of service users, carers, staff, and managers, from the Local Authority, the PCT, Pennine NHS Trust, independent & voluntary sector agencies, GPs & the general public. The aim is to consider the most important issues for mental health and wellbeing in Stockport & to produce a five year strategy based on a robust knowledge of current needs and priorities. To inform this there has been a series of consultation events which are summarised below.
- 2.2 At the last LIT meeting members received a feedback report on the consultation which took place in all LIT subgroups in relation to identified gaps, vision and priorities. There was a very positive response to this process which will inform the Joint Commissioning Strategy. Some additional feedback has been received since the report was brought to the LIT and this will be contained within an updated version of the report to be brought to a future LIT.
- 2.3 Members will also recall that two evening consultations with service users and carers took place earlier in the year in relation to the Mental Health and Housing strategy. These are the subject of separate discussions with senior managers in Strategic Housing through the Mental Health & Housing Strategy group which includes representation from Supporting People, Pennine & the Local Authority. The draft housing strategy will also be brought to a future LIT meeting and will inform the JCS in progress.
- 2.4 This means that we now have a range of consultation events and outcomes from which to draw in relation to an options analysis for the Mental Health Joint Commissioning Strategy.
- 2.5 The consultation event which took place in October was designed to complement the above processes and provide an opportunity for a discussion about a vision for mental health vision and priorities between all stakeholders.

3.0 Mental Health and Wellbeing in Stockport – the next five years- Consultation event.

- 3.1 Over 60 people gathered together for the above consultation day on 25th October 2006 at Houldsworth Mill. The purpose of the day was to bring a broad range of people together to contribute towards a vision for mental health and wellbeing in Stockport over the next five to ten years, and to identify priorities. This particular event was designed to inform the planning of future services for adults aged 18 – 64 but ideas were welcome for all age groups.
- 3.2 Anyone with experience of or an interest in mental health services was welcome to book a place. Those attending included at least eight service users, four carers, four GPs, fourteen people from the independent and voluntary sectors, twelve representatives from the Local Authority including a local Councillor and more than 18 from the PCT, Health Promotion and Pennine Care NHS Trust.
- 3.3 The event was introduced by senior managers and the guest speaker was Dr. Chris Manning – CEO PRIMHE (Primary Care Mental Health and Education). Through facilitated discussions in small groups people were invited to consider what a 'mentally healthy Stockport' should look like by 2011 and to feed back their vision to the other groups. These ideas were captured on flipchart paper and are transcribed in the separate document attached.
- 3.4 As part of a joint commitment to planning for the next five years the event was jointly funded by the Local Authority and the PCT with additional financial input from Health Promotion. As part of organizing the event a small steering group was formed with representation from a service user, voluntary sector, health promotion, the PCT, Pennine and the Local Authority.

4.0 Examples of Issues raised during discussion

Some of the issues raised are summarised below under broad headings. This is not an exhaustive list and a full transcript of points made by each group is also available. The intention is to do further work with the original group work notes to develop proposals and recommendations to inform the Options Analysis section of the Joint Commissioning Strategy. Although there were striking similarities between the themes raised by each of the groups, not all members of all groups necessarily share all the points covered below.

Access/removing barriers

- For services to be open to all, 24/7
- To improve access to therapies and reduce waiting times
- For GPs to have training in mental health and to see mental health in a holistic way along with physical health, & to listen to carers

- Exercise and arts on prescription for all
- Build on existing community strengths
- Taking account of other cultures, beliefs, spirituality, faith
- Need for interpreters with understanding of mental health issues
- Importance of advocacy
- Roving non medical counsellors in hospitals
- Better information – both paper based and electronic – developing use of central directory/co-ordination of wellbeing information

Decentralisation

- Quality close to home - to decentralise services, with local wellbeing centres or treatment centres. These could be based in GP surgeries, museums, schools or churches, and could help people access a range of professionals and/or complementary therapies
- For social workers, CPNs etc. to all be based in the community, with knowledge of what services are available
- General advice centres, accessible to everyone, to reduce A&E presentations

Education/culture change/outreach support

- Education – culture change through better understanding of mental health, (e.g.) in schools nurseries and youth clubs
- Support for good nutrition and understanding of emotional intelligence/wellbeing
- Culturally specific outreach
- Using experts by experience
- Lobby/use media to help reduce stigma
- Helping sense of belonging – encouraging young people to be part of community
- Address belief systems & celebrate difference

Need not diagnosis

- Positive recovery focus
- Alternatives to medication
- De-medicalisation of people's experiences
- Care navigation
- Good support in pregnancy and for parents/families
- Changing work culture and providing free accessible help to people in the workplace

Integrated Service provision

- Join up young, adult, old age mental health services/improve transitions
- A Truly Integrated Service between Primary and Secondary- no age distinction, commissioned according to need not age

- Integrated adult social care services- a community centre for all, not separate day centres for service areas

Prevention

- Early gatekeeping
- Act on early signs of substance misuse
- Initial assessment centre/opportunity to be seen more quickly/early recognition of needs
- Addressing social health – housing, debt, homelessness, isolation, supported employment pathways
- Importance of CAB & welfare rights services
- Need range of supported housing including tenancies
- Crisis house run by service users with support
- Asylum houses as stage before crisis house
- Need to recognise importance of advocacy
- More support for carers (e.g. young carers, older carers)
- Consider needs of looked after children

Distribution of resources

- Equity in mental health services (i.e.) not all in acute
- More resources devoted to mental wellbeing would result in savings in overall health budget
- Need for fundraising
- Need for creative commissioning
- Ring fence money for mental health
- Use new roles – e.g. STR

Role of voluntary and independent sector

- Voluntary organisations vital part of preventative services
- Expand befriending services, with fewer hoops for voluntary organisations
- Forum for voluntary and independent sector with commissioners

Making change happen

- Drive the movement for change in Stockport
- Empowerment through coming together as a group
- Meet together more regularly
- Fight stigma, fear and ignorance
- Rename 'service user' and re label whole service
- Need for joined up strategy between agencies
- Combat perceived barriers (e.g. National priorities v local need, resources, different perceptions of need – bring agencies together)
- Link to other strategies, neighbourhood renewal areas, Local area agreements, Community Development Strategy, bring LSP into this agenda

5.0 Conclusion and recommendations

- 5.1 Some of the feedback received at the end of the event included the following;
- In response to question about the age range the strategy would cover there was a comment received that there should be clear pathways and joint working across services for young people, commencing about age 16
 - It was commented that the strategy should not be seen as an end in itself, it should be followed up by action and implementation
 - Views were expressed about harnessing the energy from the event – should there be a follow-up event to maintain interest for the future
- 5.2 Members are asked to note the contents of the above report
- 5.3 It is suggested that the working group which met to plan the consultation event or a similarly representative group is reconvened to consider how this and other consultations, can be taken forward. In particular, there would be a focus on how the consultations will contribute towards the 'Options Analysis' section of the Joint Commissioning Strategy. This draft section would be brought back for approval & discussion at a future LIT meeting.
- 5.4 Chairs of LIT subgroups are asked to share the findings of this and previous consultations with their members to consider any implications for their own action plans and priority areas for the forthcoming year.
- 5.5 The need to ensure that this event is followed up by action and implementation will be monitored and evidenced through the Mental Health LIT.

APPENDIX C

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
<p>QUESTION ONE</p> <p>What are the priorities for your subgroup over the next year?</p>	<p>Review and develop the mental health promotion strategy and produce action plan</p> <p>Develop and implement social prescribing as a treatment for mild to moderate anxiety and depression</p> <ul style="list-style-type: none"> o Art on prescription o Exercise on prescription o Books on prescription <p>Develop physical activity service to improve the physical health of people with severe and enduring mental health needs.</p> <p>Raise awareness of how mental health promotion is relevant to the implementation of a wide range of policy initiative including social inclusion, neighbourhood renewal, community strategies and health at work.</p>	<p>Establish group after gap & extend membership to wider stakeholders including user/carer reps.</p> <p>Improve Gateway role of Access team, and GP liaison generally.</p> <p>Access team to develop closer links to graduate workers.</p> <p>Improve response to urgent and crisis presentations by integrating and strengthening access and crisis services (including SHOs)</p> <p>Reduce gap between primary and secondary care by improving pathways, information on and access to alternative resources, and extending remit of psychological therapies service to</p>	<p>Look at the CPA documentation and ensure that it reflects S.I agenda, Service user and Carer perspectives with all staff having had WRAP training.</p> <p>More communication and collaboration across differing disciplines and agencies. Reinforce and develop partnerships with other statutory and non-statutory organisations by the collaborative production of joint policy and procedures.</p> <p>Service delivery in the wider context of partnership. (Employment, housing) clearer pathways into and around other</p>	<p>To have a mechanism to feed back into the main LIT</p> <p>To ensure views of service users are taken as equal to the professionals.</p> <p>Looking at priority areas of unmet need for service users.</p> <p>To be part of drawing up policy and procedures for all Mental Health Services</p> <p>To be part of the recruitment process.</p> <p>Networking with other areas to agree resources</p> <p>Provision of Crisis House Greater availability of psychological therapies Ensuring that service provision is more</p>	<p>The group felt it important that through put of new carers were enabled to become involved, this group become more representative including younger members and attention needs to be given in engaging younger carers, and to a different format of meetings and timings.</p> <p>It was felt a review of the aims and objectives of the group was important and it wasn't just talking shop and it had a sense of direction. This is not a carers' drop in. It was</p>	<p><i>These are set out in detail in the 2006 Action Plan of the Stockport Suicide Prevention Strategy. From this the key actions are;</i></p> <p>Develop suicide risk assessment tool/guidelines for GPs and counsellors in Primary Care</p> <p>Develop a wide range of available and appropriate places to turn to for help and to disseminate this information to all agencies</p> <p>Develop action regarding suicide hotspots</p> <p>Appropriate induction and training of all relevant staff</p> <p>Develop listening skills in various</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
<p>QUESTION ONE (CONT)</p>	<p>Challenge the negative concept of mental health and promote the positive less stigmatised understanding</p> <ul style="list-style-type: none"> o Training o Wellbeing centre (to be launched in October) o Wellbeing website (in progress) <p>Accessible self help support e.g. computerised CBT etc</p> <p>Campaign for positive media coverage of mental health stories through 1in4 group.</p>	<p>span gap.</p> <p>Above to include availability of computerised CBT packages in line with NICE guidance recommendations. Promoting a more local model for primary care triage and intervention for counselling and support (at present being drafted)</p> <p>Improve transition arrangements with other services, especially CAMHS. Seek CAMHS rep on subgroup.</p>	<p>services.</p> <p>Clarity about pathways internally between services and external pathways into the community.</p> <p>Recognition that mental health is the responsibility of everyone.</p> <p>Creation of alternatives to hospital</p> <p>Timely access to hospital when required, fast tract route to assessment by medical staff.</p> <p>Assess and allocate all new referrals and transfer clients (where appropriate) out of service to more suitable service (CMHT).</p>	<p>Recovery Based and Social Inclusion focused.</p> <p>Development of Direct Payments</p> <p>More training and support for service users wanting to attend meetings and provide training for staff.</p>	<p>important for the carers who attended the group that they felt they were taken seriously and it was not tokenism.</p> <p>The aims and objectives of the group are to lobby and pressure for adequate core services in the community.</p>	<p>sectors, perhaps using voluntary agencies, such the Samaritans, as trainers.</p> <p>Raising awareness of suicide within primary care</p> <p>Raised awareness within the community of sources of help</p> <p>Develop media contacts for more sensitive reporting of self-harm and suicide</p> <p>Consider developing a specific self-harm service to be proactive and specialist (and to consider where it would be based (e.g. Youth Services, SSD, Health)</p> <p>Develop support services for survivors of suicide attempts</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
QUESTION ONE (CONT.)						<p>Develop support services for people who self-harm</p> <p>Involve GPs and Primary Care staff in training to diagnose and manage suicidal and self-harming presenting and subsequent care</p> <p>Improved communication</p> <p>To develop an ongoing audit process</p>
<p>QUESTION TWO</p> <p>What would you like your group to have achieved five years from now?</p>	<p>Functioning mental health promotion strategy</p> <p>Wellness rather than illness understanding of mental health throughout service in Stockport</p> <p>More investment in self help resources</p> <p>No wait, accessible, local, non medical mental health services e.g. stress clinics etc.</p>	<p>Eradication of waiting lists (4 week max for psychological therapies).</p> <p>Eradication of barriers between primary and secondary care services- strengthen gateways not gate keeping as part of the process.</p> <p>Wider access to and understanding of community services in broadest sense at all levels of stepped</p>	<p>Clearer joint working policies with outside agencies</p> <p>Clearly defined pathways that are update and reflect need into the community</p> <p>More alternatives to admission/ crises/ respite</p> <p>Specialist alternatives to admission for specific groups e.g.</p>	<p>Extended and cohesive inclusive membership whose voice is valued and recognised.</p> <p>A more open mental health service where resources do not depend on CPA</p> <p>To be recognised as the driving force of services playing a major part in delivery and planning.</p> <p>Inclusion on all planning committees and meetings,</p>	<p>The group has two themes, of campaigning and lobbying focus and more practical approach to improving current service provision. It was felt that on the latter, a work plan was needed to demonstrate that after five years something tangible has changed.</p>	<p>To have had some impact on reducing the number of suicides in Stockport</p>
QUESTION TWO (cont)	<p>Increased numbers of Stockport employees</p>					

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
	<p>employing and supporting people with mental health needs.</p> <p>Mental health promotion principles in all policy implementation</p> <p>All public services to play a role in providing mental health services</p>	<p>care service.</p> <p>Wider range of psychological therapies available with improved choice for clients.</p>	<p>Young adults</p> <p>Fast track to admission for people known to services that avoids A&E</p> <p>Evaluation of current services and their effectiveness</p> <p>Evaluation of existing provision outside of statutory services for effectiveness e.g. accommodation or support provided by external agencies</p> <p>To improve functioning, understanding of mental illness, quality of life etc. in clients with a view to as many as possible being able to 'step down' services. Reducing homelessness and stigma. Improving links with other</p>	<p>transparency within the service.</p> <p>Providing training for professionals</p> <p>Crisis house being up and running</p> <p>Service provision away from mental health service.</p> <p>24 hour access to Services that is meaningful</p>	<p>An aim of the group should be for carers to be automatically involved in working groups; the aim is for a culture change, establishment of a carer and professional relationship based on partnership working. It was felt that family support workers were well placed to access the views of new carers and to support the group in nurturing new attendees.</p>	

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
			agencies (such as housing).			
<p>QUESTION THREE</p> <p>Can you highlight any particular past achievements or strengths (for the group or mental health services generally?)</p>		<p>Joint work between PCT, Pennine and voluntary sector.</p> <p>The Code of Practice for professionals and service users, written by the group and distributed through out the Borough.</p> <p>The Value Statement Representation of service users on the main LIT</p> <p>Laughing Buddha courses</p> <p>WRAP plan training. on developing a primary care mental health model (at present being completed for consultation and bids for funding). This work has taken place outside of subgroup but includes key members.</p>	<p>The work on S.I. Wellbeing Centre</p> <p>Recovery and Inclusion Team given that some services have re badged.</p> <p>(From AOT) Many clients who are previously very unstable (poor engagement, compliance, repeat admission etc.) now much improved.</p> <p>Linked several clients into education, drug/alcohol services.</p> <p>Physical health – dentist/doctors appointments etc.</p> <p>Successful housing placements.</p>	<p>The Code of Practice for professionals and service users, written by the group and distributed through out the Borough.</p> <p>The Value Statement</p> <p>Representation of service users on the main LIT</p> <p>Laughing Buddha courses</p> <p>WRAP plan training.</p>	<p>The commitment of carers and peer support.</p> <p>The STEDI course empowered the local group.</p> <p>The Acute Care Forum representation of carers has led to improvements in attitude; carers are now longer treated as visitors. Carers' contribution to inpatient service improvements. The funding of the carer development worker and the work in signposting new carers. Lobbying and</p>	<p>We have produced a Stockport Suicide Prevention strategy</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
		<p>The group is at a much stronger place than 1 year ago to take a joint agenda forward in terms of understanding the problems and having made some improvements (e.g. Access Team).</p> <p>Now have five graduate workers in Stockport whose role is being widened and improved to help meet priorities.</p>	<p>Family interventions to reduce friction at home. Support offered to family as well as clients</p> <p>Clozaril Clinic</p> <p>(Health Promotion etc.)</p>		<p>successful provision of the befriending scheme.</p>	
<p>QUESTION FOUR</p> <p>What are the main gaps or areas of unmet need?</p>	<p>Choice and range of service for people with non psychosis</p> <p>Knowledge, understanding, confidence about mental health so communities can look after their mental health and prevent mental ill health</p> <p>Services for those who need more than 6 sessions</p> <p>Compressive lifestyle/wellbeing services</p>	<p>Poorly resourced psychological therapies, particularly at primary care level and hardly any CBT.</p> <p>Secondary care resources will improve over next 6 months, but without additional funding or re-allocation of resources PC will continue to have unacceptable waiting lists.</p> <p>Service for 16-18 year olds and a lot of</p>	<p>Restricted pathways into the community for service users. E.g. employment.</p> <p>Limited supported accommodation</p> <p>Psychology Services</p> <p>(From AOT)</p> <p>Lack of a dedicated consultant.</p> <p>Poor</p>	<p>Crisis House</p> <p>24 hour provision</p> <p>Continuity of staff and consultants</p> <p>Lack of psychological therapies</p> <p>Lack of accommodation</p> <p>Increased user voices and transparency with service planning</p>	<p>The view given was that the lack of a strategy for working with non-compliant service users.</p> <p>Failure of staff to listen and respond to carers when they register concerns about their ill relative, reliance on tests which are not reliable and the tendency for</p>	<p>We need to focus on middle-aged as well as young men, particularly those from deprived wards</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
		<p>confusion re transitional arrangements.</p> <p>At present gap between what Primary Care Psychological Therapies commissioned to provide and criteria for secondary care services. A lot of staff and management resource put into managing this gap at present.</p>	<p>communication with resettlement team.</p> <p>Poor links with housing.</p> <p>AOT needs inclusion on Special Housing Needs Panel (Jayne has volunteered for this).</p> <p>OT input would be useful.</p> <p>Easier/quicker access to psychological services needed.</p> <p>Improved links with drugs team needed.</p> <p>Need for respite care and crisis care service when hospital admission is inappropriate.</p>		<p>staff to give the benefit of the doubt to service users who may, in fact, be quite ill.</p> <p>24/7 support and care.</p> <p>Crisis accommodation including telephone service.</p> <p>Respite provision.</p> <p>Appropriate housing.</p> <p>Support for carers for people with personality disorder.</p> <p>Liaison with GPs having a carer champion in each practice.</p> <p>Lack of annual health checks for carers and service users</p>	

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
					<p>provided by GPs. The register of service users.</p> <p>Rapid and easy access back into services at an earlier stage to prevent crisis and damaging relapse. Services must listen to carers and respond; gap in contingency planning for people when discharged from services or in the green zone.</p> <p>Care plans not being kept up to date.</p> <p>Concern around the inadequacy of services to support peoples' recovery and quality of life, overly focused on acute interventions.</p>	

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
<p>QUESTION FIVE</p> <p>What do you think are the ten most significant priorities for mental health services in Stockport over the next five years?</p>	<p>Wellness understanding rather than illness</p> <p>Reconfiguration of services so those in primary care get access to care</p> <p>Cascading of knowledge and understanding of mental health out of secondary care and in to community</p>		<p>timely access to services</p> <p>pathways to employment / education</p> <p>having a voice staff/ service users</p> <p>consistency and retention of staff</p> <p>tackling inequalities being Local Authority and Health staff (pay, conditions)</p> <p>Moving away from medical model to S.I focussed services.</p> <p>Emphasis on mental welling and the importance of good physical health</p> <p>More effective means of discharging people from the service and fast tracking them back into services should</p>	<p>Crisis bed 24 hour Crisis team that can come out and respond</p> <p>Continuity of staff</p> <p>Input into strategy for the Borough at higher levels above the main LIT</p> <p>Admin. Support/ minute takers that take accurate minutes for lead meetings.</p> <p>More Social Inclusive pathways into the community</p> <p>Equal /balanced weighting on service users views.</p> <p>More flexibility in services / employment / volunteering opportunities</p> <p>Staff taking more notice of the Values Statement and working in accordance with it.</p>	<p>Increased core community support.</p> <p>Increased life enhancing activities – perhaps developed through the Wellbeing Centre.</p> <p>Provision of Crisis accommodation.</p> <p>Specialised housing.</p> <p>Provision of physical health checks.</p> <p>Linking and networking opportunities into a cohesive and easily understandable choice agenda.</p> <p>Increased opportunities for support of permitted work.</p>	<p>Suggest use of 10 high impact steps for mental health (DoH document)</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
			<p>they require it.</p> <p>More time for face to face contact with service users and less duplication of information needed for the service.</p> <p>Housing, more alternatives to admission and prevention of delayed discharge due to housing</p> <p>Permanent Psychiatrists</p> <p>Staff Retention</p> <p>Extra funding</p> <p>PSI Training for all</p> <p>Twin Nurse Prescribers</p> <p>Housing Options</p> <p>Ease of client transfer when required to ensure appropriate services.</p> <p>Services more</p>	<p>Staff working more closely with service users (they have excluded themselves by professional boundaries and deadlines) from service users everyday life.</p> <p>Development of a new term for service users</p> <p>Fast track to admission / assessment not via A&E</p> <p>Greater choice of therapies and more information on treatments / medication / social opportunities / diagnosis.</p> <p>Anti stigma promotion of mental health</p>	<p>Improved transition planning from CAMS into working age services and from working age services into Older Peoples' Services.</p> <p>More training of staff currently led by users and carers.</p> <p>Support for ageing carers in terms of future planning for what happens when they are not around.</p> <p>Changing the revolving door culture, changing staff attitudes, motivating staff, challenging "what's the point" attitude of some staff by the introduction of the recovery approach.</p>	

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
			<p>transparent</p> <p>Increased liaison between management/staff re: service design etc. Psychological input (for access)</p>			
<p>QUESTION SIX</p> <p>What needs to happen to ensure we achieve the services needed?</p>			<p>Joint policies and procedures with L/A and Health.</p> <p>More collaborative working above ground level.</p> <p>Services being viewed as a whole and not protecting own budgets.</p> <p>Mental Health to be the responsibility of all agencies e.g. housing, employment not just the mental</p>	<p>A strong service users representation at the LIT</p> <p>Service users involved in all planning</p> <p>More resources, not stretching existing services to meet arising need</p>	<p>The suggestion was made that each person contributing to a care plan should sign for their particular area of responsibility rather the care co-ordinator signing the whole plan.</p> <p>Secondly, a radical review of resource distribution was suggested, including reducing the</p>	<p>Appropriate level of resources and prioritisation locally and nationally</p>

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
			<p>health services.</p> <p>More sharing of resources.</p> <p>Knowing what we have and what works well. Evaluation of service effectiveness. (like the Rethink Report) What isn't working including services purchased from independent providers?</p> <p>Services delivered within the wider context of partnership working.</p> <p>Mental health services that focuses on individual aspirations</p> <p>Communication between managers/services, funding recruitment.</p>		<p>number of consultants in order to fund a more core staff such as CPNs and support workers.</p> <p>The third one was to reduce the number of individual teams which inevitably create gaps that service users fall between.</p> <p>The final one was around carers' assessments, either get rid of them or provide resources to implement them.</p>	

Joint Commissioning Strategy for Adults with mental health needs in Stockport

QUESTION	Standard One subgroup	Standards 2 & 3 subgroup	Standards 4 & 5 subgroup	Standard 6 Service Users	Standard 6a Carers	Standard 7 subgroup
QUESTION SEVEN What do you think should be included within a vision for the Joint Commissioning Strategy? END	END	END	Importance of AOT remaining a separate service. Need understanding of clients and needs within our service e.g. funding for housing	Joint Consultation Processes.		The latest thinking from NIMHE and places like the Sainsbury Centre for mental health.
			END	END	END	END

Appendix D

Table 1: Mid-year Estimate of Population 2004

Age Group	Males	Females	Persons	Percentage
0 - 17	32,010	30,807	62,817	22.3%
18 - 34	26,744	27,867	54,611	19.4%
35 - 49	31,619	32,728	64,347	22.8%
50 - 64	26,036	26,450	52,486	18.6%
65 +	20,012	27,915	47,927	17.0%
All Ages	136,421	145,767	282,188	-

Source: Office for National Statistics

Table 2: 2001 Ward	MINI 2000 Index – University of Durham			MINI Index
	Schizophrenia	Affective Disorders	Other	
1. Brinnington	213	179	233	209
2. South Reddish	147	141	155	148
3. Cale Green	141	140	149	144
4. Edgeley	138	141	145	141
5. North Reddish	123	126	128	126
6. Davenport	117	125	123	122
7. Manor	117	118	124	120
8. Great Moor	115	116	121	117
9. Heaton Moor	106	119	109	112
10. Bredbury	103	110	106	107
11. Romiley	102	106	107	105
12. Cheadle Hulme North	94	103	98	99
13. Heald Green	89	99	92	94
14. Cheadle	86	98	89	91
15. Hazel Grove	78	91	79	83
16. Heaton Mersey	77	89	78	82
17. North Marple	76	89	79	81
18. South Marple	69	82	71	74
19. Cheadle Hulme South	68	83	69	73
20. West Bramhall	56	73	56	62
21. East Bramhall	50	66	50	55
STOCKPORT	101	108	106	105

Table 3 INDICES OF DEPRIVATION 2004

MH local rank	Ward Name	MH natx rank	MH natx %ile	IMD_borough_rank	Priority area	IMD_natx_rank	IMD natx %ile
1	Brinnington & Central	53	0.2	3	Brinnington	1026	3.2
2	Brinnington & Central	91	0.3	2	Lancashire Hill & Heaton Norris	855	2.6
3	Manor	115	0.4	14	Central Stockport	3956	12.2
4	Brinnington & Central	126	0.4	1	Brinnington	467	1.4
5	Brinnington & Central	356	1.1	7	Central Stockport	1517	4.7
6	Cheadle Hulme North	431	1.3	18	Councillor Lane	5434	16.7
7	Brinnington & Central	536	1.7	8	Brinnington	2399	7.4
8	Brinnington & Central	675	2.1	5	Brinnington	1411	4.3
9	Bredbury & Woodley	674	2.1	20	Woodley Precinct	5530	17.0
10	Offerton	720	2.2	10	Offerton	2909	9.0
11	Heatons North	743	2.3	12	Marbury Road	3395	10.5
12	Offerton	955	2.9	15	Offerton	4191	12.9
13	Davenport & Cale Green	979	3.0	4	Adswood & Bridgehall	1208	3.7
14	Edgeley & Cheadle Heath	1029	3.2	9	Central Stockport	2691	8.3
15	Brinnington & Central	1105	3.4	13	Central Stockport	3502	10.8
16	Bredbury Green & Romiley	1259	3.9	17	Bredbury Green	5283	16.3
17	Bredbury Green & Romiley	1258	3.9	19	Bredbury Green	5442	16.8
18	Davenport & Cale Green	1321	4.1	6	Adswood & Bridgehall	1490	4.6

Table 4: Attendances at Stepping Hill Hospital's A&E Dept– with a diagnosis related to Psychiatry

Diagnosis	2000/01	2001/02	2002/03	2003/04	2004/05	Total	%
Deliberate Self-Harm – Poisoning	634	655	713	685	493	3180	61.4
Depression	130	134	188	142	112	706	13.6
Psychiatric Illness	44	23	20	136	184	407	7.9
Deliberate Self-Harm – Physical	68	58	86	78	85	375	7.2
Chronic Dependence	48	50	64	65	45	272	5.3
Psychosis	41	69	83	41	1	235	4.5
Disorder				1		1	0.1
STOCKPORT	965	989	1154	1148	920	5176	100

Note: a major limitation of this data is that it is only for Stepping Hill Hospital. Stockport residents, especially those in Heald Green and Cheadle, regularly also use Wythenshawe Hospital and therefore this data is an underestimate.

Table 5: Inpatient Admissions with primary diagnosis of Mental or Behavioural disorder

Ward	00/01	01/02	02/03	03/04	04/05	Total	%
Brinnington & Central	63	77	89	103	166	498	9.9%
Davenport & Cale Green	134	49	41	69	92	385	7.6%
Manor	127	38	42	63	72	342	6.8%
Offerton	52	64	92	64	70	342	6.8%
Reddish South	37	83	52	42	63	277	5.5%
Bredbury Grn & Romiley	51	41	54	37	65	248	4.9%
Edgeley & Cheadle Heath	45	49	52	49	53	248	4.9%
Heatons North	45	47	44	53	58	247	4.9%
Reddish North	34	53	35	62	48	232	4.6%
Cheadle & Gatley	56	41	33	41	58	229	4.5%
Stepping Hill	34	38	62	43	42	219	4.4%
Bredbury & Woodley	40	40	47	41	46	214	4.3%
Cheadle Hulme North	44	38	47	36	45	210	4.2%
Marple South	72	19	33	30	50	204	4.1%
Heald Green	45	33	38	32	48	196	3.9%
Hazel Grove	30	35	33	35	57	190	3.8%
Heatons South	39	30	38	39	45	191	3.8%
Bramhall North	21	30	22	62	32	167	3.3%
Bramhall South	31	22	30	30	29	142	2.8%
Marple North	17	19	29	29	40	134	2.7%
Cheadle Hulme South	24	21	21	20	30	116	2.3%
STOCKPORT	1041	867	934	980	1209	5031	100%

In 2004/05 1,209 admissions (4.1 per 1000) were made to NHS hospitals for mental health by 877 Stockport residents (3.0 per 1000).

Table 6: Inpatient Admissions with primary diagnosis of Mental or Behavioural Disorder by age group 2000-2005

Age Group	00/01	01/02	02/03	03/04	04/05	Total	%
0 – 19	223	134	131	75	88	651	12.9
20 – 64	529	504	575	652	854	3114	61.9
65+	289	229	228	253	267	1266	25.2
All Ages	1041	867	934	980	1209	5031	100

Table 7: Inpatient Admissions with primary diagnosis of Injury or Poisoning and a mention of Self-harm

Ward	00/01	01/02	02/03	03/04	04/05	Total	%
Brinnington and Central	62	38	56	61	65	282	14.3%
Bredbury & Woodley	40	27	16	24	35	142	7.2%
Davenport and Cale Green	27	25	24	26	38	140	7.1%
Bredbury Green & Romiley	28	13	22	25	27	115	5.8%
Offerton	16	16	20	28	34	114	5.8%
Manor	19	15	18	28	33	113	5.7%
Edgeley & Cheadle Heath	18	12	19	32	28	109	5.5%
Reddish South	11	13	19	27	32	102	5.2%
Cheadle Hulme North	12	17	21	18	30	98	5.0%
Reddish North	16	15	15	24	20	90	4.6%
Heatons North	16	8	13	20	23	80	4.1%
Marple South	14	15	8	17	22	76	3.9%
Hazel Grove	6	14	10	19	26	75	3.8%
Heatons South	19	12	14	8	19	72	3.7%
Bramhall North	3	8	11	20	23	65	3.3%
Cheadle & Gatley	12	12	5	12	20	61	3.1%
Heald Green	11	10	8	16	15	60	3.1%
Stepping Hill	8	15	6	14	15	58	3.0%
Cheadle Hulme South	10	5	9	11	13	48	2.4%
Marple North	8	2	13	9	9	41	2.1%
Bramhall South	4	4	4	7	7	26	1.3%
STOCKPORT	360	296	331	446	534	1967	100%

Table 8: Inpatient Admissions with primary diagnosis of Injury or Poisoning and a mention of Self-harm by age group 2000-2005

Age Group	00/01	01/02	02/03	03/04	04/05	Total	%
0 – 19	66	53	97	97	96	409	20.8
20 – 64	269	227	218	322	423	1459	74.2
65+	25	16	16	27	15	99	5.0
All Ages	360	296	331	446	534	1967	100

APPENDIX E

Prioritisation Exercise

- Is the proposal supported by consultation?
- Is it supported by National policy and guidance?
- Is it a regulatory requirement?
- Is it a LIT self assessment priority?
- Is it based on good practice and research?
- Does it fit in with SMBC and PCT Strategic priorities?
- Does it fit the long term wellbeing and social inclusion vision?
- Is it affordable and good value for money
- Does it fit with what we know about current services and choice of provision?
- Does it help address inequalities and improve life chances for vulnerable people?
- Will it support the sustainability, capacity and growth of 3rd sector provision?
- Will the proposal support a consistent improvement in services

APPENDIX F

KEY FINDINGS FROM MENTAL HEALTH HOUSING QUESTIONNAIRE	
Numbers of people with a current housing need	76 (15%)
Reasons for Housing Need (of the 76 above, top three reasons given)	
Overcrowding	19
Inadequate support	13
Violence/harassment	12
Housing and support current assessed need (top three categories) (this section completed on 143 forms)	
Independent tenancy with support	31
Independent tenancy with no support	26
Rehab in staffed accommodation	10
Other Housing and support Assessed needs	
Residential care (6), specialist provision (4), secure unit (3), nursing care (1)	
<i>Other issues including:</i>	
Need for high level of support, therapeutic community, support to keep flat tidy, support evenings and weekends, sheltered accommodation, rehabilitation, private flat, tolerance of drug and alcohol use, less hostile environment with support, flat nearer family and friends, housing adaptation	
Urgency of Need	
<u>Needing re-housing within three months</u>	32
Reasons including inadequate support, homelessness, violence/harassment and overcrowding.	
<u>Needing re-housing within three to six months</u>	13
<u>Needing re-housing within six months</u> (including 11 overcrowding)	27

