

Rochdale Borough Mental Health and Wellbeing Commissioning Strategy

2010 to 2013



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Executive Summary

This document sets out the commissioning strategic direction of travel for Mental Health and Wellbeing for NHS Heywood, Middleton and Rochdale (NHS HMR) and Rochdale Borough Council over the next 3 years. This strategy compliments the Strategic Commissioning Plan for NHS HMR. The key aims described within the NHS HMR Strategic Commissioning Plan are to improve health, reduce health inequalities and improve the quality of life for people living in the Borough of Rochdale through commissioning and securing health care services which are focused more on prevention than intervention and that give people choice and are more personalised around the individuals needs and circumstances.

In order to be effective, this strategy must be focussed on addressing key issues and improvements that will deliver high quality care for people with mental health problems in the borough. We want to make sure that mental health is everyone's business by ensuring that all different types of health and social services are engaged in mental health and recognise how it can impact on the overall health and wellbeing of a person.

To commission the best possible mental health and wellbeing services for the people of the Rochdale Borough, we first have to understand what they actually need (Pages 13-17) To inform the development of this strategy, we carried out a needs assessment of our local population to tell us:

- What kinds of people live here now, how many and how might that change in the next few years.
- How much mental ill health people in the borough experience now and how will that change in future.
- How much 'wellbeing' local people experience and how do we measure that now and in future?
- What 'good mental health commissioning' looks like – what does the literature and current policy recommend that we put in place?
- What mental health and wellbeing services we already have in place and what we need to do to improve them.
- How much we spend on particular types of mental health services, what outcomes we see for our investment and how we might need to change them in future, as the needs of our population change.
- What people who live in the borough and use our services think about them and what changes they want to make to them.

The National Mental Health Development Unit, on behalf of the Department of Health commissioned the University of Central Lancashire (UCLAN) to conduct an analysis of all of the evidence that supports the development of interventions that promote wellbeing and help to prevent people from developing mental health problems later in life. As a result, UCLAN has published 'Commissioning for Mental Wellbeing for All: A toolkit for commissioners', which describes 10 commissioning areas which evidence has shown to be the most cost effective interventions to improve a population's mental health and wellbeing. This strategy will take particular account of the Commissioning Areas listed from 4 to 10 (pages 10-11). However, it is important that we work with partner agencies to ensure that all of the Commissioning Areas are explored and implemented. Ensuring services delivered are value for money and delivered within the current financial constraints. (It should be noted financial information provided within the strategy is reflective of NHS HMR spend only).

Introduction

NHS Heywood, Middleton and Rochdale and Rochdale Borough Council are responsible for delivering mental health services for patients registered with a GP in the Rochdale Borough and those who live in the area.

We are responsible for improving the health of our population and commissioning high quality, value for money services. This involves buying and monitoring services from a number of different healthcare providers to ensure that our services are of the highest quality, deliver results and provide good value for money. This is known as 'commissioning'.

This commissioning strategy is a formal statement of our plans for securing, specifying and monitoring services to meet the needs of our patients. It applies to services provided by the NHS and Local Authority, as well as other public agencies and private and voluntary sectors. It also aims to build upon the previous strategy, 'Borough of Rochdale Local Implementation Team Mental Health Strategy, 2005/6 to 2008/9'.

In order to be effective, this strategy must be focussed on addressing key issues and improvements that will deliver high quality care for people with mental health problems in the borough. We want to make sure that mental health is everyone's business by ensuring that all different types of health and social services are engaged in mental health and recognise how it can impact on the overall health and wellbeing of a person.

Through this strategy we intend to develop more preventative services to try and reduce the pressure currently faced by statutory mental health services. This is in keeping with the recommendations from the Marmot Review and will help us to improve the overall health and wellbeing of our population and also reducing existing inequalities. We cannot do this alone however, and we intend to call on other partners to help us in the shift towards this more preventative approach in commissioning services.

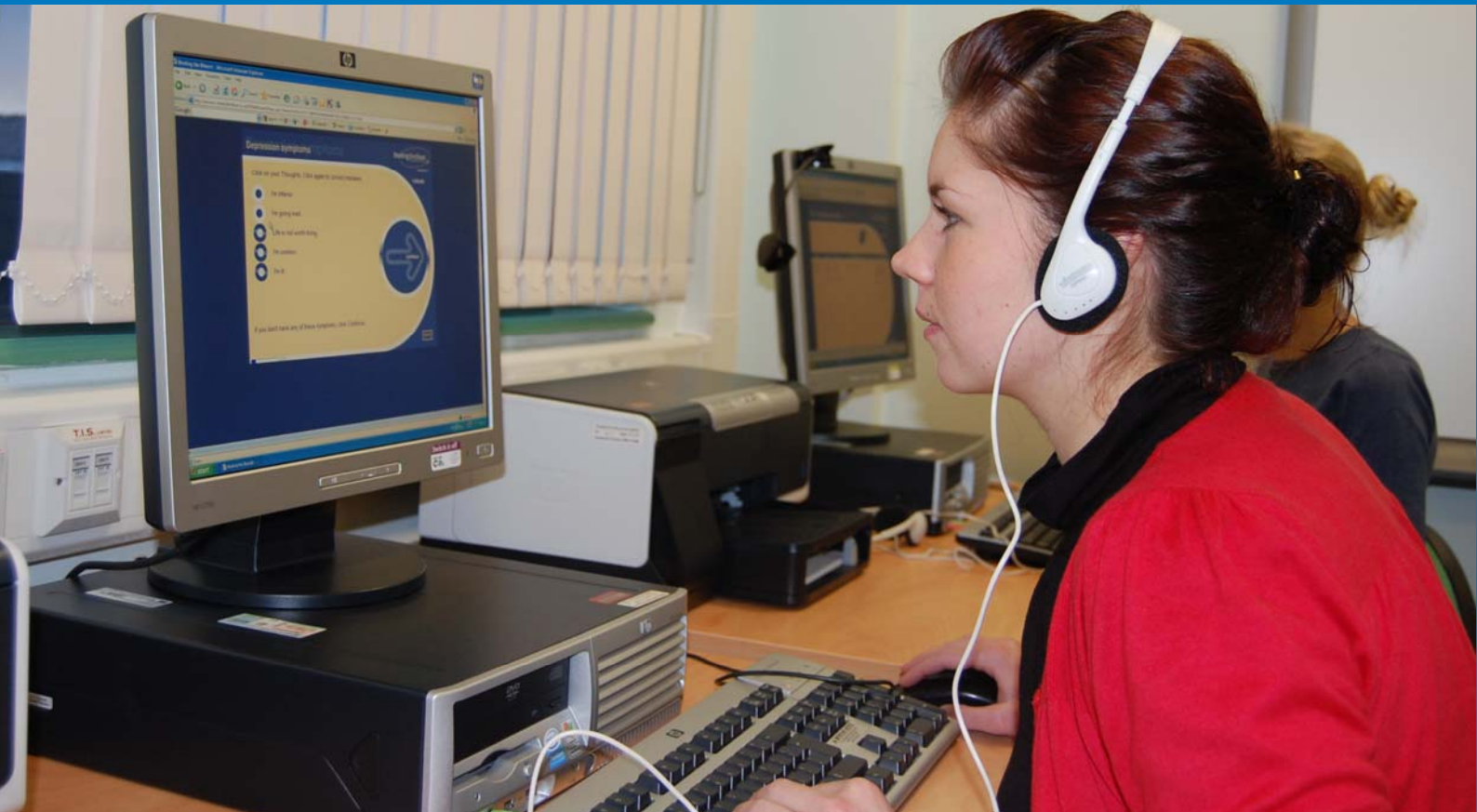
In order to achieve this, it will be supported by a number of other local strategies including:

- Children and Young People Strategy
- Primary Care Strategy
- Children and Adolescent Mental Health Service (CAMHS) Strategy
- Drugs Strategy
- Alcohol Strategy
- Older People's Strategy
- Boroughwide Carers Strategy
- Mental Health Promotion Strategy

The strategy has been supported by a detailed Needs Assessment, in partnership with associated bodies through the Mental Health Local Implementation Team and in consultation with patients, the public and carers.

Section 1

Our Vision and Strategic Direction



Aim

Our overall vision for the strategy is to make Mental Health everyone's business.

Our aims are as follows:

1. We aim to improve awareness of the benefits of positive mental wellbeing and reduce the stigma associated with mental health problems. This will help us to encourage more people to seek help when they first start developing problems, rather than waiting for them to escalate into something more serious.
2. We aim to encourage and support other agencies, communities, and individuals to facilitate the development and maintenance of healthier lifestyles and life choices, in line with the recently published Public Health White Paper.
3. We aim to provide information, advice and care to people suffering from mental health problems at the earliest stage possible. This will help us to encourage and support people so that they have a full recovery and live a full and active life within the community.
4. We aim to ensure that where individuals have ongoing needs requiring support then they should receive effective, high quality continuous care.
5. We aim to ensure that people have a choice of services which are safe and effective for them in meeting their identified needs and desired outcomes.
6. We aim to ensure that service users and carers have a voice in shaping the services that are commissioned for them by giving them more control and responsibility over the services received in order to deliver more personalised services.

Objectives

This commissioning strategy is a plan which will:

- Effect change in the overall configuration of adult mental health services to more closely meet the needs of the adult population of HMR. Children and Adolescent Mental Health will be addressed in detail through the Rochdale Borough CAMHS Strategy.
- Ensure service change is led by commissioner and not providers, in collaboration with service users, carers and other stakeholders.
- Provide a statement of commitment about the way in which the commissioning bodies intend to purchase services for the population in the future, taking into account the current financial situation.

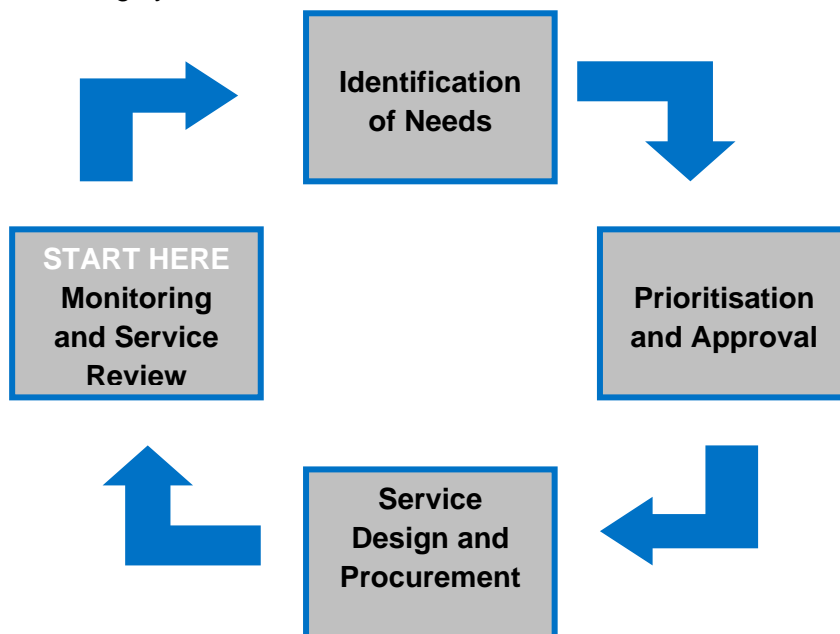
Approach to Commissioning

Our local approach to commissioning is through an agreed 'Commissioning Cycle', which is a well organised way of following a process.

The Commissioning Cycle monitors and reviews services by linking them to the needs of patients but it also considers what our priorities are and takes into account evidence and cost effectiveness. It helps us to make informed decisions about how we develop services, either through contract validation, quality challenge or de-commissioning and re-commissioning.

If a service is decommissioned, a robust procurement process follows which includes an analysis of the market, looking at how the service could be provided in a different and better way; reviewing what capacity is available and whether it meets demand and achieves required outcomes. Where appropriate this may mean commissioning from a wider range of providers to ensure that desired outcomes for individuals can be appropriately met.

A top level commissioning cycle is as follows:



In addition to considering the needs of our population, we will also explore how the services we commission can support, enhance and build capacity in the local communities we serve. The Government captures this in its policy statements purporting the development of 'The Big Society', which aims to create a culture that empowers local people and communities, building a big society that will 'take power away from politicians and give it to people'. In terms of what this means for our local commissioning, we should be asking two key questions:

1. Does our investment of public money maximise support to the local community and its constituent parts?
2. Does our investment of public money increase the income or the economic opportunity for individuals in the community on low income?

The 10 Commissioning Areas

Mental Health and Wellbeing should not be treated in isolation but should in fact be ‘everyone’s business.’ By this we mean that all health, social care and other services play a part in promoting positive mental wellbeing and supporting people who have mental health problems.

The National Mental Health Development Unit, on behalf of the Department of Health commissioned the University of Central Lancashire (UCLAN) to conduct an analysis of all of the evidence that supports the development of interventions that promote wellbeing and help to prevent people from developing mental health problems later in life. As a result, UCLAN has published ‘Commissioning for Mental Wellbeing for All: A toolkit for commissioners’, which describes 10 commissioning areas which evidence has shown to be the most cost effective interventions to improve a population’s mental health and wellbeing.

The 10 commissioning areas are listed below and show how the scope of delivering wellbeing services extends well beyond the remit of a Mental Health Strategy alone. However, they do provide a useful basis for this strategy in outlining ways that a wide range of preventative services across all ages can be provided.

This strategy will need to take particular account of the Commissioning Areas listed from 4 to 10. However, it is important that we work with partner agencies to ensure that all of the Commissioning Areas are explored and implemented.

Box 6: Commissioning areas

Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>1 Promote good parental mental and physical health to improve early child development and wellbeing and maternal wellbeing and reduce adverse outcomes of pregnancy and infancy. Continue in later years with universal and targeted approaches.</p>	<p>Universal routine enquiry and targeted treatment for women at risk of depression with home visiting programme and health visitor training for post-natal depression, as part of a package of measures to improve perinatal mental health.</p>	<ul style="list-style-type: none"> Improved maternal mental health and quality of life Improved infant and child mental wellbeing Improved mother's productivity in employment after maternity leave. <p>➔ Interventions are cost effective - even the most expensive programmes show a return after one to two years.</p>	<p>Routine enquiry at ante-natal clinics. Prenatal programmes followed by comprehensive postnatal services over the first year are most effective. Interventions with first-time mothers show most clear cut effects.</p>	<p>Independent risk factors for conduct and emotional disorders⁴¹ Maternal depression, especially in teenage mothers, leads to behavioural difficulties.^{42,43,44,45}</p>
<p>2 Promote good parenting skills – universal as well as targeted early intervention programmes for common parenting problems and more intensive interventions for high risk families to prevent conduct disorders.</p>	<p>Universal access to training programmes:</p> <ol style="list-style-type: none"> community based group programmes; home based individual programmes, pre-school/ early child education programmes, supporting development of home learning environment. prioritising support for parents from higher risk groups and with children with emotional and behavioural problems. 	<ul style="list-style-type: none"> Improved parental efficacy and parenting practice Improved maternal mental health Reduced use of NHS, social care and criminal justice and better use of educational opportunities Builds social and emotional resilience from an early age. <p>➔ Highly cost effective with significant savings to the public sector. Relatively quick return on investment: costs for children with conduct disorders reducing to a fifth after only 18 months.</p>	<p>Ensure that parenting programmes are matched to participants' needs based on an assessment of the social context and family circumstances. Currently only 10% of parents with children with conduct disorder receive evidence-based parenting interventions. These parents are often harder to reach and so need targeting. Pre-school programmes that combine high quality education programmes with parent support are most effective.</p>	<p>Group-based parenting programmes have an overall positive effect on mental health and lead to improved self-esteem.⁴⁶</p> <p>Good parenting skills the best way to promote emotional wellbeing and reduce conduct disorders^{47,48,49}. Early interventions show long term benefits and impacts.⁵⁰</p> <p>Social and emotional learning programmes highlight improvement in social and emotional skills and self esteem.⁵¹</p>
<p>3 Build social and emotional resilience of children and young people through whole-school approaches including prevention of violence and bullying.</p>	<ol style="list-style-type: none"> School based Social and Emotional Learning (SEL) programmes achieving pupils' core competencies. Self management and social skills training. Mentoring programmes Family Intervention Projects School based violence prevention programmes including sexual abuse and bullying prevention. 	<ul style="list-style-type: none"> Improved social and emotional skills, self-esteem, connection to school and positive social behaviour Reduced conduct disorders and emotional distress including substance misuse antisocial behaviour, domestic violence. <p>➔ Integrated approach, using universal and targeted interventions in primary school are cost-effective.</p>	<p>A curriculum is recommended that integrates development of social and emotional skills within all subjects, delivered by trained teachers and with support of parents. Targeted approaches for children showing early signs of emotional and social difficulties are recommended as these are more responsive to the needs of children from different socioeconomic, cultural and ethnic backgrounds and children with disabilities.</p>	<p>Peer led 'emotional intelligence' effective in combating low self esteem. Universal school wide mental health promotion better than classroom based brief interventions.^{52,53,54,55}</p>

Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>4 Improving working lives:</p> <p>a) support for unemployed b) creating healthy working environments c) early recognition and intervention for those with mental health problems d) supported work for those recovering from mental illness.</p>	<p>a) Workplace screening for depression followed by CBT where indicated. b) Early intervention to reduce risks of unemployment through primary care and Job Centres and early intervention to promote engagement and participation of those who become unemployed. c) Stress management: tailor interventions to the needs of the particular worksite, types of stressors etc. d) Supported work for those recovering from mental illness.</p>	<ul style="list-style-type: none"> Increased employment, and reduction in lost employment years due to reduced health service and welfare costs Reduction in costs to health service of depression and anxiety disorders Improved wellbeing due to reduced financial distress, reduced housing stress etc Reduction in sickness absence Significantly improved employment rate for those on work support scheme Reduction in hospital readmission rates Reduced time spent in hospital. <p>➔ Costs of programme quickly translate into financial benefits, mainly in form of cost savings.</p>	<p>a) Adopt integrated interventions that combine organizational and individual level approaches based on the participation of key stakeholders. b) Job retention and re-employment programmes such as the JOBS programme which support reemployment and promote the mental health of unemployed people. c) Supported employment programmes and specialist work schemes are most effective. d) Reduce mental health stigma and discrimination in the workplace. e) Support NHS, local authority and third sector organisations to develop local interventions to improve healthy working lives, reduce stressors that are beyond the individual's control and support occupational health schemes.</p>	<p>Early diagnosis and intervention with employees with depressive symptoms offers good financial return.⁵⁶</p> <p>Adults who are economically inactive are at increased risk of mental illness.⁵⁷</p> <p>Lack of income may lead to housing difficulties and an increased risk of mental disorder.⁵⁸</p>
<p>5 Improve the quality of older people's lives through psychosocial interventions and enhanced physical activity.</p>	<p>a) Physical exercise (dance, gym, walking) on prescription. b) Falls prevention through social support and education c) Volunteering d) Opportunities for life long learning.</p>	<ul style="list-style-type: none"> Reduced use of health and social care services Improved social inclusion Improved mental and physical health. Improved quality of life Reduced A&E attendances and admissions to hospital. 	<p>Meaningful group activities with educational and/or support input based on participation of older people.</p> <p>Increasing physical activity in residential care settings and through social prescribing.</p> <p>Ensure staff in leisure centres are appropriately qualified to provide exercise programmes for older people. Volunteering, peer support and opportunities for activities that foster contact between older people and other generations.</p>	<p>Moderate physical activity improves mental wellbeing as measured by GHQ.⁵⁹</p> <p>Exercise of moderate intensity has positive effect on physical and mental wellbeing.^{60,61}</p> <p>Volunteering is associated with greater life satisfaction with evidence that the positive mental health gains for older people in are greater than for younger people.⁶⁴</p> <p>Reduced loneliness and anxiety by providing the means to stay active.^{65,66}</p> <p>Cost effectiveness of life review courses.</p>
<p>6 Improving quality of life through increasing opportunities for participation, personal development and problem-solving that enhance control and prevent isolation.</p>	<p>Access to social interventions in primary and community care pathways: through social prescribing – specifically volunteering, including timebanks, exercise, arts and creativity, learning and educational opportunities, green activity.</p> <p>Signposting to welfare advice, particularly employment, benefit uptake, debt management, financial literacy and information and self-help.</p> <p>Debt counselling and advice.</p> <p>Implement interventions to address fuel poverty.</p>	<ul style="list-style-type: none"> Self help groups effective in reducing social isolation/ loneliness and provide meaningful occupation Increased quality of life through social interaction and having practical needs met Increased levels of social support and caregiver skills Reduced demands on primary care and reduced levels of antidepressant prescribing Effective befriending services generate significant cost savings. <p>➔ Good cost effectiveness of walking and physical activity programmes cost per QALY between £5000 and £12,000.</p>	<p>Build collaborative community partnerships based on existing strengths and resources.</p> <p>Use innovative approaches such as social prescribing and mutual volunteering schemes to engage the participation of socially excluded groups.</p> <p>Ensure access to education, learning, arts, leisure, personal development and local support services based on consultation with key stakeholder groups.</p> <p>Place shaping by LAs to create opportunities for people to come together.</p>	<p>Meaningful occupation and physical activity increases overall wellbeing.^{67,68}</p> <p>Timebanks generate new social networks and relationships.</p> <p>Adults who are economically inactive are at increased risk of developing a mental disorder.⁶⁹</p>

Commissioning area	Specific interventions	Examples of the impact or outcomes	Implementation mechanisms and feasibility	References
<p>7 Implementation of initiatives to prevent, identify and respond to emotional, physical and/or sexual abuse.</p>	<p>Multi-agency information sharing on alcohol-related assaults School based violence prevention programmes including sexual abuse and bullying prevention.</p>	<ul style="list-style-type: none"> • 40% reduction in assaults preventing to Emergency Department over 5 year period • Reduced crime, aggression and sexual violence • 80% reduction in crime and improved perception of safety • Improved mental and physical health. 	<p>Multi-component interventions that integrate skills development and training of teachers and parents, supported by specialists.</p> <p>Key role of primary care and wider health services to offer a holistic approach and understanding of the contribution of violence and abuse to health problems.</p>	<p>Physical and sexual violence have direct health consequences and are risk factors for a wide range of long-term health problems including mental health problems, alcohol abuse, unwanted pregnancy, sexually transmitted diseases and risky sexual behaviour.⁷⁰</p> <p>Child physical, emotional, sexual abuse are causal factors in childhood, adolescent and mental health problems.⁷¹ Bullying has negative consequences on mental health and school performance.⁷²</p>
<p>8 Integrating physical and mental wellbeing through universal lifestyle programmes to reduce smoking and obesity, and to encourage exercise.</p>	<p>a) Universal access to lifestyle programmes. b) Supporting higher risk groups- for example people with a mental illness or learning disability, older people, and pregnant women. c) Target people with long term conditions who are known to be at risk of depression. d) Encourage good nutrition and diet.</p>	<ul style="list-style-type: none"> • Establish social prescribing programmes to encourage exercise (e.g. prescribing gym sessions). • Reduced depression and better self management of diabetes; reduced dependency on primary care. • Weight management and reduced diabetic complications. 	<p>Integrated physical and mental health behaviour change through brief interventions.</p> <p>Opportunistic health promotion interventions in primary care for high risk groups.</p> <p>Skilled staff oriented to respond to the mental health needs of primary care patients.</p>	<p>Moderate physical activity improves mental wellbeing as measured by GHQ⁷³; Exercise reduces anxiety, enhances mood and improves self esteem.⁷⁴</p> <p>Individuals with psychological distress at risk of stroke, CHD, Acute MI, colon cancer^{75,76,77}</p> <p>Screening and treatment of depression for those with Type II diabetes in primary care has economic benefits.⁷⁸</p>
<p>9 Tackling alcohol and substance abuse, including direct measures with those abusing alcohol and screening programmes.</p>	<p>a) Target problem drinking and alcohol abuse through multi-sectoral action (health, local authority, police, education etc. b) Screening and brief intervention in primary care.</p>	<ul style="list-style-type: none"> • Alcohol use reduction has early payback and impacts favourably on NHS (e.g. A&E attendances), street crime, and domestic violence. • Reduce isolation and 'hidden' drinking especially older people. • 80% reduction in crime and improved perception of safety. <p>➔ Screening and brief intervention in primary care for alcohol abuse is highly cost effective (saving to cost ratio of 12:1).</p>	<p>Multi-sectoral action through multiagency plans between NHS, local authority (social services authorities, planning, education, transport) with Police, Probation, third sector, etc.</p>	<p>Effective strategies to reduce alcohol related harm require a combination of measures.⁷⁹</p> <p>Savings exceed investment costs by a factor of 12:1.⁸⁰</p>
<p>10 Community empowerment and interventions that encourage improvements in physical and social environments, and strengthen social networks.</p>	<p>Include encouraging active travel, reducing effects of traffic, functionality of neighbourhood, safe green environments, community arts and culture, volunteering.</p>	<ul style="list-style-type: none"> • Improve wellbeing and quality of life and neighbourhood outcomes: sense of belonging, participation in decision making, wellbeing/quality of life, satisfaction with place to live • Reduce isolation and loneliness, encourage exercise. 	<p>Delivery mechanisms: community development.</p> <p>Use of community empowerment strategies based on the active engagement and participation of local community members.</p> <p>Create awareness of the impact of the social and physical environment on the community and people's mental health.</p>	<p>Majority of changes that older people identify as important to their mental wellbeing can be addressed by activities at a local, community level.⁸¹</p> <p>Good cost per QALY with estimates ranging from £5,000 to £12,000.⁸²</p>

Section 2

Context



Understanding the Needs of our Population

To commission the best possible mental health and wellbeing services for the people of the Rochdale Borough, we first have to understand what they actually need. To inform the development of this strategy, we carried out a needs assessment of our local population to tell us:

- What kinds of people live here now, how many and how might that change in the next few years.
- How much mental ill health people in the borough experience now and how will that change in future.
- How much 'wellbeing' local people experience and how do we measure that now and in future?
- What 'good mental health commissioning' looks like – what does the literature and current policy recommend that we put in place?
- What mental health and wellbeing services we already have in place and what we need to do to improve them.
- How much we spend on particular types of mental health services, what outcomes we see for our investment and how we might need to change them in future, as the needs of our population change.
- What people who live in the borough and use our services think about them and what changes they want to make to them.

Recommendations from the Needs Assessment

The Needs Assessment contained a number of recommendations for commissioners, which are summarised below, however the full Needs Assessment is available in a separate report.

1. Understanding Our Population

- We know that services should be commissioned appropriately to take account of the changing population demographics such as:
 - Population rising by 8500 in the next 10 years
 - The numbers of people aged 65+ will have increased by 7000 by the year 2019
 - South Middleton and Bamford have high numbers of people aged 65+
 - The proportion of people of South Asian origin will rise to 17% by 2021
 - Over 30% of people are of South Asian (mainly Pakistani) origin in the wards around Central Rochdale, including Smallbridge and Wardleworth, Falinge, Brimrod and Deeplish
 - The high levels of deprivation generally
 - Rochdale is a Spearhead Authority
 - 1 in 5 adults are living with limiting long term illness
- Interventions to increase participation in physical activity should be supported, especially in those areas with a high proportion of 'sedentary' people such as Central Rochdale, Spotland and Falinge.

- The Department of Health's High Impact Changes to reduce alcohol related harm should be implemented within the local Alcohol Strategy and the increase in problematic drugs should be investigated and appropriate action taken to reduce this within the local Drugs Strategy.

2. Understanding Levels of Mental Illness and Tackling Suicide

- Services should be commissioned to sufficiently meet the needs and numbers of people with specific mental health conditions, taking account of the geographical areas in which they live.
- Geographical areas with high needs relating to mental illness are Central Rochdale and Falinge, Middleton West, Newbold, Smallbridge and Wardleworth, Middleton Central, Brimrod and Deepdish, Balderstone and Heywood West.
- Services should be commissioned in line with the rising needs of an older population (aged 65+) that is set to rise by another 7000 in the next 8 years.
- A multi-agency Suicide Prevention Strategy should be developed for the borough, as most people who take their own lives are not in contact with mental health services at the time of their suicide.
- Interventions to reduce suicide in the borough should provide targeted support for the people who fall into the higher risk groups.

3. Measuring and Improving Wellbeing

- The Public Mental Health Framework for Wellbeing from New Horizons (2009) should be adapted and implemented.
- Measuring levels of wellbeing in a population is challenging. The results of the North West Wellbeing Survey (2009) should be used as a baseline from which to measure future changes in the wellbeing of our population.
- Interventions to improve inequalities in wellbeing should ensure a proportional focus upon more deprived communities. Priority groups should include those aged 45-55, but it would also be beneficial to target young adults and the elderly.
- Evidence from the Wellbeing Survey suggests that interventions to improve wellbeing in the borough should specifically:
 - Foster partnerships to influence the things that have greatest impact on wellbeing
 - Include promotion of action for individuals and communities which are consistent with the evidence-based '5 Ways to Wellbeing' (connect, be active, keep learning, take notice, give)
 - Actively involve people in decisions about their local area
 - Focus on community safety, particularly after dark
 - Encourage community spirit, neighbourliness and social inclusion
 - Take account of the fact that around 1 in 3 people may have recently experienced some form of 'life changing' event (e.g. divorce, house move, job loss, bereavement etc)
 - Promote physical activity and reduction of smoking
 - Provide appropriate support around relationships, education and skills.
 - Deliver measures to reduce hazardous and harmful drinking targeting the wider borough population, not the most deprived areas.

4. Taking Account of Policy Guidance and Evidence of Effectiveness

- The main national policies and guidance on mental health and wellbeing, such as 'New Horizons' and 'A Better Future in Mind' should inform the strategic direction of our local mental health commissioning strategy.
- The local commissioning strategy should ensure that interventions in line with evidence of good practice and what is proven to have the best outcomes, such as the University of Central Lancashire's 10 Commissioning Areas.

5. General Changes We Want to Make to Current Mental Health Services

- Current services and pathways in the borough are varied and complex. The services available and their respective referral pathways should be clarified and simplified to ensure that the right people get the right support from the right services at the right time.
- Services should work in a more integrated way to meet the (sometimes complex) needs of individuals, such as dual diagnosis, complex needs, social needs, substance misuse and housing needs.
- The borough's Mental Health and Wellbeing Commissioning Strategy should consider the information from a local Planning4Care assessment of need for current and future packages of mental healthcare (2009) which suggested that:
 - The majority of the population would benefit from interventions to improve wellbeing and prevent mental ill health
 - 15,000 people 'at risk' might benefit from specific targeted preventative services
 - 12,000 people might benefit from early GP prescribing and/or psychological therapies for milder mental ill health
 - 4,300 people might be affected by severe mental disorders, requiring packages of secondary care style mental health services. 134 of those would be expected to be people with very high and complex levels of need and over 800 of those people could be expected to have serious substance misuse issues.

6. Reviewing Our Spending on Mental Health Services

- We should review local spending priorities in line with emerging new policy on Mental Health (New Horizons).
- Service quality and outcomes information should be able to demonstrate what we get for our investment.
- Benchmarking data and national policy suggests our commissioning focus needs to shift from secondary care towards prevention, wellbeing and community and primary care services, which treat most of those with a mild to moderate mental ill health. This is a big challenge during a time of increasingly tight public funds.

7. Commissioning Mental Health Promotion Services, and Services which Prevent Mental Illness

- A shift should be made from traditional commissioning for mental illnesses to include more activity on prevention, promotion and early intervention.
- Commitment should be obtained from senior partners in the Local Authority and third sector to work in collaboration to promote good mental health and wellbeing for all in line with recommendations in National Policy - New Horizons (2009).

- Partnership working should be fostered to develop, strengthen and deliver the actions within the borough's mental health promotion strategy.
- Commitment will be secured from all senior partners and sectors to combat stigma and discrimination.
- Services will be commissioned to promote inclusion, and combat stigma and discrimination.

8. Changes we want to make to our Primary Care and Community Mental Health Services

- A Single Point of Access to mental health services from Primary Care would be highly beneficial. This would improve appropriateness of referral to Mental Health services by assessing and signpost people with specific mental health or complex needs to the right services (which might include substance misuse, housing, social care and so on).
- Referral Criteria to the Primary Mental Health and Psychological Therapies Team should be reviewed. We need to understand why only 37% of those referred eventually complete treatment and address this.
- Evaluation and lessons learnt from the 'Improving Access to Psychological Therapies' programme will be used to inform the future direction of commissioning of these services.
- The Heywood Integrated Care Organisation – a wellbeing service approach piloted in primary care will be evaluated and its successes rolled out where appropriate.

9. Changes we want to make to our Secondary Care Mental Health Services

- Data suggests that we have high rates of emergency hospital admissions for schizophrenia and neuroses in the borough. This will be investigated.
- The use of secure and specialist services should be reviewed to ensure maximum efficiency and appropriateness in the use of this provision.
- The developing notion of Recovery within secondary services should be made mainstream for all service recipients.
- Service pressures relating to provision for the elderly (increasing outpatients and occupied bed days) should be assessed. We will ensure adequate provision for the needs of our increasingly elderly population.
- The data on community activity and outcomes is limited and will be improved
- The data on inpatient service activity, referral criteria and outcomes is limited and will be improved so we are clear about what we are commissioning for whom, how much it cost and the outcomes.
- The data suggests an increased average length of stay at Pennine Care. This will be addressed.
- A 'Care Packages' approach for the future commissioning of Secondary Mental Health services will be developed and adopted under the umbrella of the introduction of Payment by Results.

10. Changes we want to make to our Social Care and Support Services

- Mental Health Service Users will fully participate in the developing personalised care agenda.
- Pathways from between mental health services and social care and other support services (such as substance misuse services, housing, access to skills and training and jobs) will be clarified and strengthened.

11. Changes we want to make to services that help people with complex needs

- All current management of complex clients will be reviewed to ensure that they are receiving the most appropriate and effective care, in the most cost effective way possible.
- Referral criteria and ongoing monitoring of people in specialist services will be strengthened.

12. Listening to what Service Users, Carers and Stakeholders tell us and developing ongoing dialogue

- All comments and suggestions made by service users, carers and stakeholders will inform the future improvement and commissioning of Mental Health and Wellbeing services.
- Service Users, Carers and Stakeholders will be consulted on the future commissioning of the borough's Mental Health and Wellbeing services and kept informed about how their suggestions are, or are not being taken forward.
- Communication mechanisms with Service Users, Carers and Stakeholders currently include the Boroughwide Users and Carers Forum, the Mental Health Local Implementation Team, the Patient Advice and Liaison Service and specific public consultation events. The method of communication between commissioners, providers, stakeholders and partners will continue to be developed in line with emerging Government Policy.

Mental Health Policy

Policy around mental health is developing in line with the Coalition Government's emphasis on identifying what actually happens to the health of the patient – the outcome – as a result of the treatment and care they receive. Mental health policy also highlights the major importance of the voice of patients and service users, as well as the move toward GPs having a central commissioning role.

Over recent years there has been a consensus that mental health should broaden from improving services, to including public mental health and mental wellbeing. Mental health policy cannot be devised and implemented by any single government department or the NHS alone but requires collaboration across central government, local government and the independent sector.

The National Service Framework (NSF) for Mental Health has delivered sustained development and improvement across England. The implementation period of the NSF ended in 2009 and the health and social care landscape is now very different. The number of Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs) has reduced and their roles have changed. PCTs are now focused on the commissioning of healthcare services and ensuring the quality of local provision. The nature of provision has also been altered with the advent of Foundation Trusts and the greater engagement of the independent and voluntary sector in the provision of services.

The environment in which commissioners and providers operate is now one that is more fluid and dynamic than ever before and is set to rapidly transform over the next three years as part of the Government White Paper – 'Liberating the NHS'. This means that we are in a good position to consider how mental health services will be commissioned and delivered in the future.

National Policy Context

A number of policy documents and legislation have been launched and implemented over the last decade, many of which have had an impact not only on service development, but also on the way services are commissioned and delivered. The focus has been on transforming services through integrated working across health, social care and the third sector. However, the policy context within which the mental health commissioning programme is operating is continually evolving with shifts in emphasis emerging and impacting upon relative priorities.

Public Health White Paper: Healthy Lives, Healthy People, (December 2010)

The Public Health White Paper: 'Healthy Lives, Healthy People', sets out a new approach to improving health and wellbeing and reducing health inequalities. It acknowledges the need to empower people and communities to make healthier choices and to reprioritise funding to prevent ill-health. The paper acknowledges that delivering improvements in health and wellbeing and reducing health inequalities needs to be a shared responsibility across society, with individuals, families, local and national government, the NHS, and the private, voluntary and community sectors all taking a key role in tackling the issues and deciding how best to improve the health and wellbeing of their communities.

A key emphasis from this White Paper is that health and wellbeing throughout life is taking a coherent approach to different stages of life and key transitions. Mental health will be a key element to this. The following are key points and stages in people's lives when mental and physical health outcomes can be most strongly influenced. These key points also mirror the 10 commissioning areas for health and wellbeing, as described within this strategy.

- **Starting Well** - Early intervention and prevention is a key priority for the government. There will be opportunities to develop integrated local strategies between public health and children's services with an increased focus on disadvantaged families.
- **Developing Well** – Schools are expected to increase their role in providing age-appropriate teaching health issues including school based mental health promotion. For children and adolescents with mental health problems, central government will support interventions that promote mental health resilience and effective early treatment.
- **Living Well** – The government is turning to local communities to devise local solutions which work for them. A key component of the approach is the Public Health Responsibility Deal.
- **Working Well** – The Department of Health will work in partnership with employers, through the Public Health Responsibility Deal, to improve health at work. Employers have the opportunity to improve health outcomes in areas from obesity to smoking, substance misuse and physical activity in their employees, employees' families and wider local communities.
- **Ageing Well** – The role of Public Health services in supporting “active ageing” and “ageing well” is emphasised, with all local partners expected to support a local infrastructure that should support people to continue to be independent and active.

The Public Health White Paper says that each local authority will have joint Health and Wellbeing Boards, and the boards will be the strategic and commissioning leads for health and social care services. There is also an expectation that a robust commissioning cycle will be used by the Board to jointly deliver effective services. GP Consortia and the Local Authority including the Director of Public Health will have “*an equal and explicit*” obligation to prepare a Joint Strategic Needs Assessment (JSNA), delivered through arrangements agreed by the Board. This will inform a concise, high level local health and well-being strategy that will set out how all partners will address the health and wellbeing needs of the community.

NHS White Paper – Equity and Excellence: Liberating the NHS, (July 2010)

The NHS White Paper, 'Equity and Excellence: Liberating the NHS', sets out the Government's long-term vision for the future of the NHS. The vision builds on the core values and principles of the NHS - a comprehensive service, available to all, free at the point of use, based on need, and not the ability to pay.

It sets out how we will:

- Put patients at the heart of everything the NHS does
- Focus on continuously improving those things that really matter to patients - the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

Power and responsibility for commissioning services will be devolved to local consortia of GP practices. These consortia, working with other health care professionals and in partnership with local communities and local authorities, will commission the majority of NHS services for their patients. A statutory NHS Commissioning Board will also be established to support GP Consortia in commissioning decisions. The Commissioning Board will provide leadership for quality improvement, promote equality in line with the Equality Act 2010, ensure patient and carer involvement and choice, assess NHS commissioners and hold GP Consortia to account and manage some national and regional commissioning.

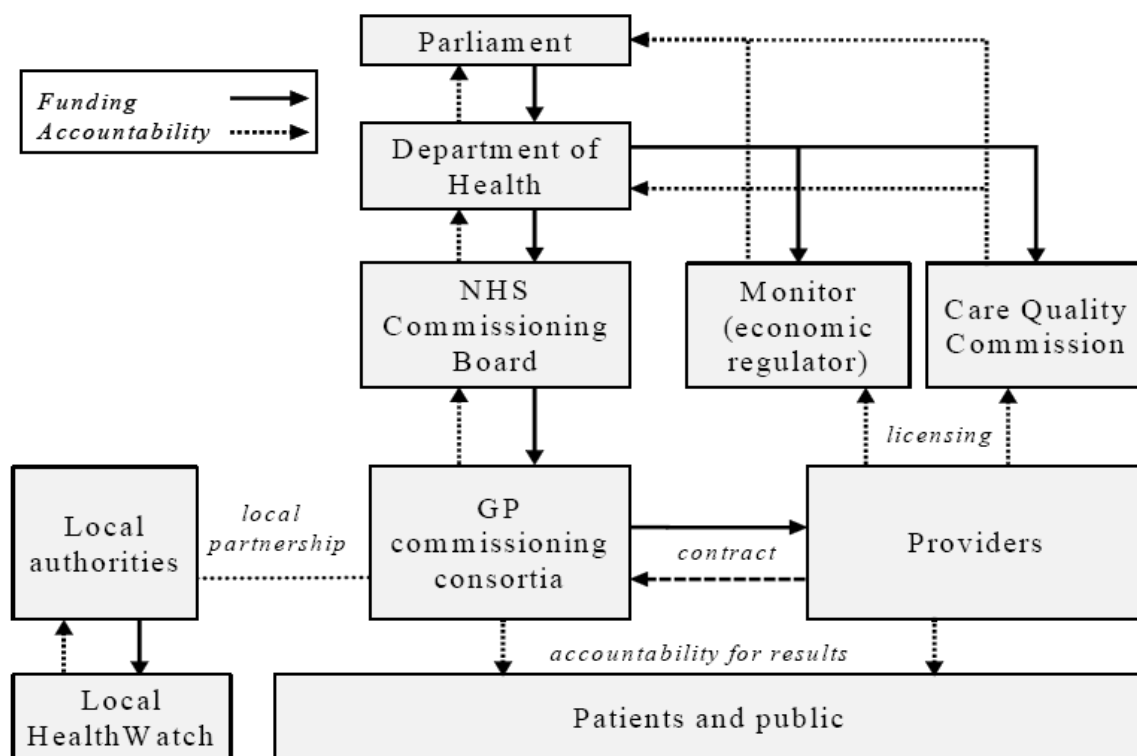
While NHS commissioning will be the sole responsibility of the NHS Commissioning Board and GP consortia, local authorities will also have a role in influencing NHS commissioning and ensuring coherent and coordinated local commissioning strategies across all three services. For example, in relation to mental health or elderly care.

The proposed Health and Wellbeing Boards, building on existing arrangements and alongside the transfer of Public Health responsibility to local authorities, should be in a position to develop a shared, common approach to wellbeing.

Health and Wellbeing Boards provide the vehicle jointly to recognise the wellbeing initiatives required locally to agree the right balance of NHS and local authority activity to address the gaps identified. The White Paper, 'Equity and Excellence: Liberating the NHS' describes the role as one of strengthening the local democratic legitimacy of the NHS.

“Building on the power of the local authority to promote local wellbeing, we will establish new statutory arrangements within local authorities – which will be established as ‘health and wellbeing boards’ or within existing strategic partnerships – to take on the function of joining up the commissioning of local NHS services, social care and health improvement.”

The diagram below depicts the structure of the NHS as part of the White Paper reforms.



New Horizons: Towards a Shared Vision for Mental Health, (2009)

New Horizons is the new national vision for mental health and wellbeing in England for 2010 and beyond under The Department of Health. The consultation period began in late 2007 and some clear principles and ideas emerged during the discussions with a wide range of organisations and individuals with diverse experience of mental health issues. It is expected that this new phase of reform will bring together key areas of policy, increasingly addressing the mental wellbeing of communities as a whole and extending the progress made to date across all age groups and to more marginal ones, such as offenders.

Broader NHS priorities will also help shape services, with themes such as health inequalities, the value of carers and dignity in care all contributing to an ever improving service. New Horizons emphasises the importance of prevention as well as effective treatment and recovery and outlines the benefits of reducing the burden of mental illness and unlocking the benefits of wellbeing in terms of physical health, educational attainment, employment and reduced crime.

Building on the achievements of the National Service Framework over the last 10 years, the New Horizons strategy outlines a new set of ambitions for the next 10 years of mental health policy in England which will aim to:

- Improve the mental health and wellbeing of the population.
- Improve the quality and accessibility of services for people with poor mental health.
- Enable the country's Strategic Health Authorities to deliver their regional plans for mental health.
- Will help to increase awareness and strengthen commitment across government departments, local authorities and the private and voluntary sectors, as well as employers, education services and other agencies.
- To support the continued transformation of specialist services, New Horizons heralds a dynamic new approach to whole-population mental health and wellbeing.
- Take forward what we have learned in the lifetime of the NSF about what work and broaden our scope to include all groups in society, including children and young people and older people.
- Build on the principles and values set out in the NHS Constitution.
- Support the delivery of the NHS Next Stage Review (the Darzi report 2008) and its vision of local commissioners working with providers, the public and service users to devise local approaches to mental health and mental health care.
- Use growing understanding of the wider determinants and social consequences of mental health problems and mental well-being to influence priorities in other parts of central and local government.
- Reinforce commitment to key mental health policy aims, including delivering race equality and improving access to psychological therapies.

The Key Themes in 'New Horizons' (2009)

1. Prevention and public mental health and wellbeing - recognising the need to prevent as well as treat mental ill health and promote mental health and wellbeing. Partnership working to influence the things that affect wellbeing, strengthening focus on social inclusion and tackling stigma and discrimination.
2. Early intervention - expanding the principle of early intervention to improve long-term outcomes.
3. Personalised care - ensuring care is based on individuals' needs and wishes leading to recovery.
4. Multi-agency commissioning and collaboration - working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross government collaboration.

5. Innovation - seeking out new and dynamic ways to achieve objectives based on research and new technologies.
6. Value for money - delivering cost effective and innovative services in a period of recession.
7. Strengthening transition - improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs and issues.

Along side New Horizons, the Government also launched a series of papers on mental health and employment, including '*Working our way to better mental health: A Framework for Action*'. This sets out the Government's plans for improving wellbeing at work for everyone and delivering significantly better employment results for people with mental health conditions.

People with Mental Health Problems or Learning Disabilities in the Criminal Justice System, (Bradley 2009)

- The need for a systematic and joint NHS/criminal justice system approach to offender health
- needs assessments to help inform commissioning decisions about mental health services for offenders, both in the community and for those in prison or in secure mental health services
- A systematic approach to supporting people with mental health problems at police stations and at courts, through liaison and diversion services: provision of high-quality assessments; diversion of people to appropriate health and social care services where that route is appropriate; support decisions about the range of sentencing options by the courts
- Continued investment in mental health awareness training for frontline criminal justice system staff
- Embedding the Care Programme Approach throughout the criminal justice system
- Work to reduce the transfer times from prison to mental health bed for individuals under Section 47/48 of the Mental Health Act.

Transforming Adult Social Care (2008)

Transforming Adult Social Care describes the vision for development of a personalised approach to the delivery of adult social care whereby citizens have a greater degree of choice and control over the services they receive to meet their needs, ultimately through the use of personal budgets whereby people can purchase their own packages of care to best meet their identified needs. Within mental health services it is acknowledged that the heightened responsibility and autonomy that personalisation provides is problematic but the associated empowerment and raised independence can also provide greater levels of well being amongst those who have mental health problems and also reduce their dependence on traditional statutory services.

The Mental Health Act (2007)

The Mental Health Act 2007, which received Royal Assent in July 2007, as well as amending the Mental Health Act 1983, was used as the vehicle for introducing deprivation of liberty safeguards into the Mental Capacity Act 2005.

The amendments introduce a number of key changes to the Mental Health Act 1983 which will have an impact on the responsibilities for mental health commissioners; these include the introduction of Independent Mental Health Advocacy (IMHA) services for qualifying patients. PCT commissioners will be responsible for ensuring that IMHA services are available for qualifying patients from April 2009.

In addition the Act introduced a new role of Adult Mental Health Professional. This role is broadly similar to the previous role of the Approved Social Worker but is distinguished in no longer being carried out solely by social workers. It can be undertaken by other professionals including Community Psychiatric Nurses, Occupational Therapists and Psychologists.

Our Health, Our Care, Our Say, HMSO White Paper, (2006)

In April 2006, the government published the White Paper 'Our Health, Our Care, Our Say'. Its publication followed the largest public consultation in England concerning the future direction of healthcare. The White Paper recognised the ongoing challenges faced in this country as a consequence of increasing rates of obesity, diabetes, cardio-vascular disease, and the impact of mental illness, with estimates of around 15 million people now suffering from these types of long term conditions. The goals of 'Our Health, Our Care, Our Say' are expected to be achieved through:

- Practice Based Commissioning.
- Shifting resources into prevention.
- Setting a new direction for health and social care community service systems.
- Focussing on providing services closer to people's homes or work places; supporting independence and well-being; supporting choice and giving people a say; supporting people with high levels of need; and a sustained realignment of the health and social care system.
- Better joining up of services at the local level.
- Encouraging innovation.
- Helping people to help themselves and involving people in shaping local services.
- Allowing different providers to compete for services.

A New Deal for Welfare – Empowering People to Work (DWP, 2006)

A New Deal for Welfare aims to end benefit dependency and deprivation. It outlines the roll out of pathways to work by 2008 aimed to get people with mental health problems on incapacity benefit into paid employment. It sets a target to reduce the number of people on incapacity benefit by one million.

The Future of Mental Health: a Vision for 2015 (2006)

The Future of Mental Health: a Vision for 2015 sets out a vision that by 2015 mental wellbeing will be a concern of all public services. The policy paper which provides a 10 year vision has been produced by the Local Government Association, the Sainsbury Centre for Mental Health (SCMH) and the Association of Directors of Social Services. It says that there will still be people who live with debilitating mental health conditions, but the focus of public services will be on mental wellbeing rather than mental ill health. It also says that the balance of power will no longer be so much with the system, but instead there will be more of an equal partnership between services and the individuals who have used or even choose them.

National Service Framework Five Years On, (2004)

The National Service Framework (2004) focuses on new developments within specialist mental health services that should bring mental health into the wider health and social care policy agenda. The priorities for five years (2005-2010) and for the whole community are; choice, social inclusion, care of long term conditions, dual diagnosis and improved access to services in a primary care setting.

The focus is shifting from the needs of those with severe and enduring mental illness to the promotion of mental health for that group within their own community. The focus also recognises that patients with very complex needs may still require very specialist services, but it charges those involved in commissioning and delivering those services to make sure they are, as far as possible, as near to home as possible.

Choosing Health White Paper, (DH 2004)

The Choosing Health White Paper acknowledges the key role of mental health promotion 'because mental wellbeing is crucial to good physical health and making healthy choices. It states 'stress' is the commonest reported cause of sickness absence and a major cause of incapacity and reconfirms the need to focus on suicide prevention.

National Suicide Prevention Strategy for England (2002)

The National Suicide Prevention Strategy for England, launched in September 2002, aimed to support the achievement of the target set in the White Paper by developing a comprehensive, evidence based and coordinated approach to preventing suicide. The strategy aims to:

- To reduce risk of suicide in key high risk groups
- To promote mental health well being in the wider population
- To reduce the availability & lethality of suicide method
- To improve the reporting of suicidal behaviour in the media
- To promote research on suicide and suicide prevention
- To improve monitoring of progress towards Saving Lives, Our Healthier Nation target for reducing suicide.

National Service Framework for Mental Health: Modern standards and service models, 1999ⁱ

This was a 10 year national strategy which addressed the mental health needs of working age adults and sought to improve adult mental health services for people against 7 standards. These included a focus on improved mental health promotion, specialist primary care mental health services, specialist secondary mental health services, services for carers and suicide prevention.

Although it may be argued that subsequent legislation and guidance has reduced the central role of the NSF, it has represented the key guidance influencing those delivering mental health services at a local level, and has been the basis upon which their work is evaluated.

Payment By Results

With the increasing determination of the NHS to gain maximum value for money, the current system of Block Contracts is to change to a new system called Payment by Results (PbR).

The main advantage of PbR is that commissioners will be able to have more control over how the level of funding provided is matched to the level of service that is delivered. A concern however is that when a new local tariff of payments for services is agreed, this will place financial strain on either the commissioner, the provider or indeed both. To minimise risk to patient services, we are committed to work in an open and transparent manner.

The complexity of mental health service delivery will result in similar financial complexity. This will increase even further with the introduction of 'any willing provider' and with the take up of personalised budgets by those with psychological infirmity. Therefore, we will look to invest in System Dynamics software and system to gain understanding and control of patient flows and the financial streams which follow.

Local Policy Context

In addition to the work completed at a national level, this strategy has been influenced by and built on the previous or existing strategies that support positive mental health.

Borough of Rochdale Mental Health Strategy, 2005/6 to 2008/9, Local Implementation Team

This is the preceding mental health strategy that this strategy aims to build on. It contains similar themes to this strategy, including shifting services from traditional in-patient service provision into the community; developing a more holistic, person-centred approach, using a rich variety of service providers to deliver mental healthcare and promoting openness and transparency in the commissioning of services.

NHS Heywood, Middleton and Rochdale Strategic Commissioning Plan, Refresh 2010

The two key outcomes related to Mental Health within the PCT's Strategic Commissioning Plan (SCP) relate to increasing productivity from investment in mental health services and reducing expenditure in specialist services. The aim of the mental health programme within the SCP is to reduce the avoidable burden of mental health problems by a combination of prevention, early detection (including screening), rapid access to treatment and enhanced quality of life.

Children and Young People Plan

The new Rochdale Borough Children and Young People's Plan (CYPP) 2010-11 (One Year Interim Plan) was published in April 2010. Work has now commenced on the CYPP for 2011-14 setting out how we will improve outcomes for children and young people in the Borough.

This plan recognises the roles played by both universal services and targeted/specialist services in ensuring continued development of the emotional and mental wellbeing of all our children and young people. For universal services there is a key role in the promotion of emotional development and good mental health alongside early intervention and preventative work. We also need to ensure that our targeted/specialist support is accessible and addresses needs based on sound and accurate evidence and at the appropriate level.

Primary Care Strategy

The Primary Care Strategy sets out our Strategy and Action Plan for primary care, recognising the crucial role primary care plays in delivering health care to people over a whole lifetime and how central it is to ensuring healthy children and adults and reducing health inequalities. The focus is General Practice; in the future this will progress and incorporate other primary care services. NHS HMR's vision is to support people who live in the Borough of Rochdale to live longer and healthier lives.

Rochdale Borough Children and Adolescent Mental Health Service (CAMHS) Strategy, 2010 to 2014

The CAMHS strategy provides a framework for the development of services in the Rochdale borough and outlines how we can best improve the mental and emotional health of children and young people aged 0-19 years across Rochdale, Heywood and Middleton. It proposes a whole-system, multi-agency approach to the promotion of mental and emotional health and the assessment, care and treatment of children and young people with mental health needs.

Rochdale Borough Drugs Strategy

Historically, drugs services have been focused on minimising harm and maintenance to prevent crimes being committed. However, taking local and national strategies into account, this strategy aims to steer local drugs services more towards helping people to recover and stop taking drugs. It is important that mental health services dovetail with the new orientation of drug services.

Rochdale Borough Alcohol Strategy

A Multi Agency Alcohol Strategy is in place in Rochdale Borough under its Safer Communities Partnership. Drugs and alcohol services are both commissioned via a multi agency Joint Commissioning Group. The aim of the Borough Wide Alcohol Strategy is to reduce alcohol related harm in the Rochdale Borough by:

- Promoting safe and sensible social drinking
- Reducing alcohol-related ill health
- Ensuring provision of appropriate, high quality treatment services that meet the needs of clients who are dependent or are at risk from developing alcohol problems
- Reducing alcohol related crime and disorder and protecting communities
- Protecting children and young people from alcohol-related risk and harm

Older People's Strategy

The Older People's strategy was developed in 2007 and has identified a wide range of priorities for action around services and support for older people. The strategy covers actions around information, help and support, aimed at ensuring that older people have a good quality of life and are supported with living healthier and more independent lives. The strategy discusses staying mentally healthy and how social isolation and safety in the community are factors that may affect an older person's mental health and quality of life. The Older People's Mental Health Strategy and a local Dementia Strategy have also been developed under the wider remit of this strategy, which encompass work ongoing with older people's mental health services and the implementation of the National Dementia Strategy locally in the Rochdale Borough.

Boroughwide Carers Strategy

Led by Rochdale Borough Council in partnership with the NHS, the 'Towards a Strategy' document sets out the local vision for the future of carers services and highlights key strengths and weaknesses. This is supported by a Carers Participation Strategy which sets out how local services consult and involve carers at all levels of decision making and commissioning processes. The Carers Joint Commissioning Strategy which will be launched in 2011.

Rochdale Borough Mental Health Promotion Strategy

Promoting mental health is a valuable and necessary role of all organisations and as such they are encouraged to integrate improving mental health and well being into organisational policies, practice and plans. The Mental Health Promotion Strategy aims to highlight the local priorities, as identified through consultation and an action plan for meeting the aims and objectives.

The strategy strives to encourage all organisations, groups and communities to play a part in improving the population's mental health and wellbeing, whether across the whole population, for individuals at risk or for vulnerable groups.

Rochdale Borough Suicide Prevention Strategy

We are in the process of developing a Suicide Prevention Strategy for the borough, as recommended in the Needs Assessment. The strategy will aim to reflect the guidance from the National Suicide Prevention strategy for England. Our local strategy will be developed by the Multi Agency Suicide Prevention Group and will support this strategy.

Procurement, Contracting, Monitoring and Performance

To ensure that we commission high quality, value for money services from a range of providers we must have robust contract and performance monitoring processes in place to support our commissioning activities.

The potential for wider choice requires the stimulation of a marketplace where potential providers can come forward and bid for services, under the World Class Commissioning Framework and principles and rules set out by the Co-Operation and Competition Office, including the Any Willing Provider concept.

Delivering this requires the creation of a level playing field. Barriers to new entrants, including the Third Sector, must be understood and policies and approaches adopted in procurement and contracting to remove such barriers. Incumbent providers may have inbuilt advantages such as ownership of the bricks and mortar, that may deter or inhibit others coming forward.

Contracting

The National Standard Contract Framework for Mental Health and Learning Disabilities (January 2010) was introduced to help better formalise a contracting framework between commissioners and providers to:

- Drive up qualitative outcomes for service users
- Give attention to improving patient safety and experience.
- Incentivise good practice and stretch performance by introducing an additional Quality Payment (CQUIN) for evidenced improvements
- Improve the availability and reliability of information concerning patient care
- Afford the development of service specifications, based on best evidence and Key Performance Indicators

Around 85% of our mental health commissioning budget is covered by contractual arrangements, the majority within or coming within the Standard Contract Framework.

Commissioners are required to periodically review services against intentions and performance. Under the rules of Co-operation and Competition, commissioners are required to account for the 'Any Willing Provider' principle when commissioning new services or renewing existing contracting arrangements.

During 2009/10, we undertook a significant public consultation and procurement exercise for secondary mental health services in Middleton, as described in the stakeholder engagement section within this strategy. This process closely involved service users and carers in the specification and selection and resulted in re-provision of the service.

Performance

A Performance Framework is in place to measure performance across all Mental Health Secondary and primary Care providers. This includes performance against the key Vital Signs Indicators (such as seven day follow up for patients, normally under Care Planning Approach (CPA) discharged from a psychiatric ward) and Improving Access to Psychological Therapies (IAPT) metrics. There are 10 different performance indicators in total, which let us know whether or not we are hitting our targets.

We are the lead commissioner for monitoring the Pennine Care Foundation NHS Trust contact on behalf of Primary Care Trusts within the Pennine Care footprint. This means that we monitor the Pennine Care contract activity report and identify areas that need to be reviewed to ensure quality services are delivered that are also value for money.

Adoption of the National Standard Mental Health and Learning Disabilities Contract means that both the commissioners and the provider are committed to meeting the Qualitative Standards and Key Performance Indicators set out in the Contract, together with the CQUIN incentives, and enhanced payments designed to reward stretching quality outcomes.

Recommendations

In order for performance monitoring to be accurate and meaningful, it is essential that we improve the quality of information and data that we collect. This will be done in the following ways:

- Improve the monitoring of admissions to measure the impact of intervention services and inform strategies, including admissions relating to alcohol, drugs and suicide.
- Add further quality schedules that will help to drive improvements to services and ensure that there is a robust framework for measuring performance of the schedules.
- Develop more outcome-based indicators, informed by the national Information Strategy.
- Benchmark data across Pennine Care, identifying best practice and areas that need to be reviewed.
- Develop reports that evaluate Improving Access to Psychological Therapies (IAPT), which will allow us to set baselines and monitor improvements.
- Develop key performance indicators to monitor offender mental health services. This will support the recommendations within the Bradley Report.
- Improve the monitoring of specialist inpatient services such as the Children and Adolescent Mental Health Service (CAMHS) and PICU to ensure we receive value for money.
- Develop a secure commissioning dataset to ensure we receive more timely and appropriate data to monitor patients.
- Move towards datasets that will allow us to review individual patients care pathways. This becomes more important as we move to Payment by Results rather than block contracts.
- Develop the amount of activity we receive from Pennine Care, including waiting lists for community teams.

Finance

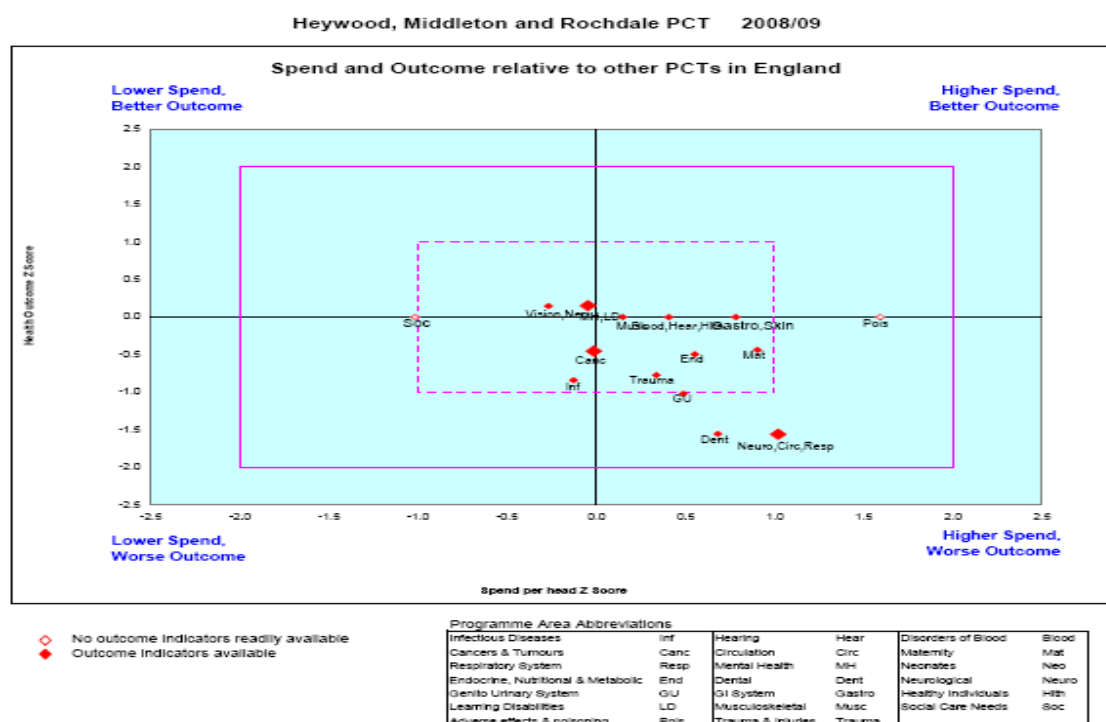
The current and future economic climate for the NHS is challenging. The NHS is moving from a period of prosperity into an era of austerity where resources need to be utilised more efficiently and effectively. The NHS Chief Executives Report for 2008/09 identified that the NHS would need to identify £15-20B of efficiency savings by the end of 2013/14.

Current HMR financial plans show that the PCT must make savings of £28M over the next 4 years, 2010/11 to 2013/14 which includes a savings target of £17M for 2010/11. The PCT has developed a Best Value programme to deliver the necessary savings.

Programme budgeting is a tool that can be used to compare spend and outcomes between similar organisations. Programme budgeting covers 23 category areas (including cancer, mental health, circulatory disease) and highlights where NHS HMR performs poorly against a number of categories. The chart below presents the 2008/09 programme budgeting information. Mental Health is represented just within the Lower Spend, Better outcome Quadrant, however, it should be noted significant investment has been made in Mental Health spend since 2008/09.

We receive around £57.2 million each year to spend on mental health services within the borough. By benchmarking our spend with other Primary Care Trusts, our mental health budget is similar and can be described as being a 'traditional' mental health service, meaning we spend most of our money in secondary care.

Programme Budgeting



To give you an idea of where we currently spend our money, a breakdown is detailed in the table below:

Activity	£000s
Prescribing	9,690
Block Contracts	23,056
Service Level Agreements	1,051
Specialised Services (NWSCT)	9,879
Mental Health Promotion	50
Learning Disabilities	8,765
Drugs and Alcohol	3,252
High Cost Treatments (TAG)	335
Cost Per Case	506
Complex Cases - Specialised Placements	622
Total	57,206

A more detailed analysis of our expenditure is provided in Appendix 1.

In relative terms the PCTs spend per head on mental health has risen over the last decade. In terms of where the spend goes, it remains the case that more needs to be shifted into preventative interventions and treatments that are evidenced to be effective.

It will be more important than ever that we prioritise where we will invest our money as the financial landscape, which is already challenging, becomes even more difficult. If we do shift more resources into prevention as proposed through this strategy, we will be under more pressure to show that the interventions are keeping people well and are making those who are ill better as quickly as possible.

The emphasis will be on good outcomes for the patient around Key Performance Indicators and more and more of the judgements made about these outcomes will include the views of users and carers.

Factors Affecting Finance

Although we are on track to deliver the savings for this year (2010/11), we continue to face significant financial pressures and must save £17m for 2011/12. We have made some progress towards meeting this savings requirement through various projects and have developed an efficiency programme in partnership with Bury and Oldham PCTs. However, in order to return a balanced budget we need to deliver even more savings. This may mean that mental health services need to be reviewed in order to identify where efficiencies can be made.

However, more people than ever are reported to have high levels of personal debt, mental health problems such as stress and depression are on the increase and so there is likely to be greater demand for mental health services.

Payment by Results (PbR)

The Government have clearly signalled that they support the use of Payment by Results. The Department of Health see three key benefits for commissioners from PbR:

1. Currencies are needs based and should give commissioners a clear idea of the balance of need amongst those people accessing secondary services and will help service planning and prioritisation.
2. PbR should ensure a regular and timely flow of information to the commissioner on what is happening to their users and on individual user outcomes.
3. By the use of standardised currencies and potentially tariffs, value for money can be better evaluated, compared with benchmarks and improved.

A crucial step forward for the PbR project is that the care clusters and the mental health clustering tool have been approved as information standards. In April, the Information Standards Board (ISB) published two data set change notices which require IT suppliers to ensure this information can be captured by 1 April 2011 at the latest.

We are now entering the implementation phase of PbR however there is still development work to do. The clusters will be improved and refined over time.

Work is being undertaken to establish outcome measures and quality indicators for the care clusters. The aim is to have agreed outcome measures and quality indicators for the care clusters by March 2011 that would then be ready for mandating and full use in 2013/14.

Recommendations

- Around 40% of our budget is spent on block contracts with five different providers, with the majority provider being Pennine Care NHS Foundation Trust.
- We spend a significant amount on high level treatments in secondary care and specialised services, but we will decide to spend more money on preventative and primary care services.
- We spend more than £1 million on mental health Service Level Agreements (SLAs) including grants, and these will be reviewed to ensure that they provide value for money.
- However, whilst the Government is not cutting the total NHS budget, we will still be required to review our Mental Health expenditure to ensure that it is efficient and effective, as well as to identify any potential savings.

Stakeholder Engagement

In order to develop a strategy that meets the needs of our patients and support services, we have ensured that our stakeholders have been involved throughout the process and have used information gained from previous consultations or pieces of work to inform the strategy.

Middleton Mental Health Consultation

In 2008 NHS HMR made a commitment to improve access to Mental Health Service in Middleton for adults and older people. Its aim was to provide an integrated seamless system.

As part of the commissioning process a program of local consultation and engagement was undertaken focusing on the reconfiguration of Mental Health Services. The following recommendations were made as a result of the engagement with service users and patients:

- Concerns should be addressed around number of beds and consultant cover
- In order to improve access to Mental Health Services, the new providers would need to continue the engagement process.
- Service users were keen to see more flexibility and choice within the current arrangements.
- Respect patients' diverse backgrounds and needs.
- Ensure access for Middleton patients is equitable.
- Ensure that care is patient centred and provides high quality services with good patient experience outcomes.
- Build on what already exist and enhance it

It was evident from the consultation that the service users required more than just a service, they wanted a patient centred service, one that would provide them with the care and treatment they need, when they need it and how they need it.

Speak Up Commissioning Consultation

In 2008 a borough-wide consultation was conducted to inform patients and the public about our plans for health services and to gain their views, which included mental health services.

There were two main priorities for mental health that emerged from the consultation:

- Waiting times for mental health services need to be reduced.
- Mental health services for children and young people needed to be looked at to prevent illnesses later in life.

These two themes were used to inform the development of NHS Heywood, Middleton and Rochdale's Strategic Commissioning Plan and will be considered during the development of this strategy.

Boroughwide User Forum

The Boroughwide User Forum is a local group of mental health service users and carers who meet on a regular basis to discuss issues affecting them, new campaigns, initiatives and services. In August 2010, we attended one of the meetings to inform the group about the strategy and ask for their views on what they think are the priority areas for the strategy to address.

The group agreed that Mental Health in Childhood should be a key focus of the strategy as early intervention is essential to managing mental health problems later in life. They also identified that there is a gap in mental health services for under 16s and those aged between 16 and 17; although the Children Adolescent Mental Health Service (CAMHS) is established it only supports young people who have high levels of mental illness. The group expressed that more education should be available for parents to help them gain a better understanding about mental health in childhood. Similarly, the group also wanted more education in schools for children to learn more about mental health and wellbeing, which would help to decrease the stigma attached to mental health. The group also identified that there needed to be stronger links between children and adult mental health services for those who move between the two services.

Waiting times and access continued to be recurrent themes, with users reporting having to wait for long periods to get the treatment they need and that there are some services that are inequitable depending on which area of the borough you live.

In addition to services to treat patients at a high level, the group agreed that services and initiatives to support positive mental health and wellbeing need to be a focus of the strategy. This includes more support in the community, improving signposting between health, social and community services, working more with the community and voluntary sector and helping people who have a mental health problem to identify and manage their trigger points to prevent them from having a relapse.

The group identified that stigma around mental health continues to be common within the Rochdale Borough and that the strategy should make steps towards tackling this issue. Suggestions included more education in schools, better representation of mental health in the media and more support from local employers to identify and support staff with mental health issues.

Moving on to mental health in older people, the group felt that there was not a continuity of service for people aged over 65 in the borough, however the quality of wards and care was good in most cases. A key challenge raised was that many people do not want to admit or recognise when they are developing signs and symptoms of a mental health condition. Although there is support for Dementia and Alzheimer's patients, the group said that more information needed to be available within the borough.

Mental Health Local Implementation Team

The Mental Health Local Implementation Team is a group comprising service users, carers, commissioners from NHS HMR, commissioners from Rochdale Borough Council, representatives from Pennine Care and members of voluntary and third sector organisations. This strategy was presented to the group on two occasions, during the drafting stage and final version for sign off.

Mental Health Commissioning Team

The Mental Health Commissioning Team is a multi-agency group that makes decisions around commissioning and decommissioning of mental health services within the borough. It is made up of Senior Commissioners from both NHS HMR and Rochdale Borough Council, as well as mental health leads, support services and GP representation. This group was pivotal in the development of the strategy, with each member providing contributions and guidance. The strategy was also taken to the group for final comments and approval.

Health, Social Care and Voluntary Sector Professionals

In order to gain the views of clinicians and professionals working with service users and carers on the front line, we held a workshop during an existing wellbeing event. We asked attendees to discuss the following question: “How can we preserve and enhance current wellbeing services in this recession and current financial climate?” Each group then fed back what they felt were the key priority areas. The results are as follows:

- Acknowledge and highlight existing wellbeing services, possibly by establishing a network
- Develop a cost saving toolkit to support providers in making efficiencies
- Mainstream wellbeing by making it a part of every services remit
- Create a one stop shop for service users to seek advice and information
- Enhance existing services rather than reinventing the wheel
- Raise awareness about positive wellbeing in the workplace
- Provide support to service users who want to gain employment or volunteering opportunities
- Understand how reduced funding in the community and voluntary sector impacts the range of wellbeing services
- Seek more opportunities to work in partnership with the private sector and gain funding
- Ensure that early intervention and prevention underpin the revised mental health strategy
- Raise awareness about how service users can better care for themselves and lead a healthy lifestyle
- Continue to support wellbeing awareness in schools to children and young people
- Encourage communities to work more closely together and develop relationships
- Lobby for changes in legislation that will support the wellbeing agenda
- Ensure that services take a person centred, holistic approach when treating or supporting a patient

Healthwatch

‘Healthwatch’ is the organisation that will be formed as part of the Government’s reform of the NHS. It will be an independent, national body with the power to monitor the NHS and to refer patients’ concerns to a wide range of authorities.

Overall, its role would be to promote the interests of all NHS patients by:

- Being a voice for patients on all NHS issues
- Investigating and reporting on the effective delivery of NHS services
- Providing a mechanism through which informed public opinion influences the regulation of healthcare

To carry out this role, Health Watch would have, among others, the following specific functions:

1. To represent the interests of patients as consumers to the healthcare regulator Monitor
2. To represent the interests of patients to the NHS in strategic commissioning
3. To monitor the NHS and disseminate information nationally and locally
4. To pursue and refer individual or collective patient complaints
5. To contribute to public debate about the NHS at a national level

It is important that we highlight Health Watch within this strategy as future commissioners will certainly need to take its role into consideration.

Partnership Working

Mental Health in the Rochdale Borough could not be delivered without the strong partnerships that exist between the NHS, Local Authority and Community and Voluntary Sectors. We recognise that mental health affects every aspect of people's lives, from work to relationships, and so we work together to ensure that a rich variety of services are available to support people who have mental health problems or to improve their wellbeing.

For the purpose of this strategy, our partners include:

- NHS Heywood, Middleton and Rochdale
- Heywood, Middleton and Rochdale Community Healthcare
- Rochdale Borough Council and elected members
- Pennine Care NHS Foundation Trust
- Community and Voluntary Sector
- Rochdale Boroughwide User Forum

Section 3

Mental Health in Children and Young People



This strategy acts as an overarching approach for commissioning mental health services in the Rochdale Borough. When commissioning mental health services for Children and Young People specifically, we take reference from the Rochdale Borough Children and Adolescent Mental Health Services (CAHMS) Strategy.

The Rochdale Borough CAMHS Strategy states that emotional difficulties and mental health problems in children and young people are associated with difficulties in adult life but building emotional resilience in children and young people is seen to be one of the keys to success in life. Therefore it is vital that we ensure children and young people enjoy good emotional and mental health if they are to achieve their full potential in life.

Mental health problems in children are associated with underachievement in education, family disruption, disability, offending and antisocial behaviour, placing significant demands on families, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation.

It is important to recognise that supporting children and young people with mental health problems is not just the responsibility of specialist services. Children's mental and emotional health and wellbeing is everybody's business and every parent, teacher and other worker involved with children and young people is in a position to enhance their resilience, by responding to social, emotional or behavioural issues as they arise.

Young people tell us that they would like to be listened to and treated with dignity and respect and that they would like timely, effective and accessible services that are shaped by service users. We aim to ensure that we adapt our services to meet the needs of children, young people and families. We also want to support children and young people to become active confident learners, who can face challenges and change, who learn how to control their own behaviour and know how to relate positively to others.

As with adults, the mental health and wellbeing of children and young people is everyone's business. Our vision is for all children and young people in Rochdale Borough to enjoy good emotional and mental health. This will be delivered locally through the Rochdale Borough CAMHS Strategy, 2010 to 2014. It provides a framework for the development of local services and outlines how we can improve the mental and emotional health of children and young people aged 0-19 years across Rochdale, Heywood and Middleton.

CAMHS is used as a broad concept embracing all services that contribute to the mental health and emotional well being and care of children and young people, whether provided by health, education, social services or other agencies.

The key aims of the local CAMHS Strategy are as follows:

1. Promote mental emotional and mental health and increase resilience in all children and young people.
2. Ensure earlier identification of children and young people exhibiting emotional problems so that they are able to access appropriate services.
3. Ensure the involvement of children and young people in the planning, development and evaluation of services.
4. Deliver services in community based settings, wherever possible.
5. Target services to meet priority needs and ensure services are appropriate to our diverse borough.
6. Provide services by staff with an appropriate range of skills and competencies.
7. Improve pathways to ensure services are appropriately and effectively utilised.

The CAMHS Strategy has identified a number of key priorities and outcomes for developing future children and young people's mental health services:

1. Fully informed CAMHS Strategy and comprehensive commissioning plan across all Tiers.
2. There is enhanced partnership working amongst providers.
3. Information and publicity on service provision and availability are widely available to children, young people and their families.
4. CAMHS is aligned with Rochdale Borough's Threshold Model
5. The four tiered framework for CAMHS aligned with the concept of universal, targeted and specialist provision is understood across the borough.
6. There are clear access criteria to services, an integrated delivery approach across the tiers and agreed clear transition points between services.
7. Priority access is afforded to targeted vulnerable groups.
8. There is a revised and agreed Interagency Policy for Children with Complex or Continuing Health Care Needs.
9. Early intervention, early identification and early access to services through the appropriate and effective use of Tier 1 and 2 services.
10. A commissioning cycle review is completed on Tier 3 CAMHS and developments agreed.
11. Tier 4 provision meets the needs and demands of the local population.
12. Improved pathways that ensure easier and appropriate access across all tiers of provision.
13. Community based services are age appropriate.
14. There is improved access for adolescents to psychological therapies.
15. There is a holistic model for transition plans and processes that cover all groups and families.
16. Use of resources is targeted, effective and efficient, and delivers best value.
17. Multi-agency training plan matched to threshold models and linked to Children and Young Persons Plan (CYPP).

In order to deliver against the outcomes, a detailed action plan has been developed. Please refer to the Rochdale Borough CAMHS Strategy, 2010 to 2014 for more information.

Adolescence and Transition into Adult Services

Strengthening transition is a key message in New Horizons (2009) with a view to improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs and issues.

Transition can be a stressful time for young people and their parents/carers. They may be unsure about what to expect and what help may be available in order to plan for the future.

Rochdale Borough's multi-agency transition protocol, which is currently under revision, will apply to all the key decision makers and organisations in Rochdale who have a duty or responsibility in ensuring that young people with additional needs have access to the information, support and opportunities needed to make a successful transition to adulthood.

The purpose of the protocol is:

1. To enable the young people and their families to be actively involved in planning their future to help ensure that their transition is a smooth one.
2. To ensure everyone involved in transition is clear about the specific roles and responsibilities of the key agencies so that they can work together to support the young person at the centre of this process.
3. To act as a driving force for improving young people's experience of transition across Rochdale.

As well as being a key theme in adults' services, transition is a priority area within CAMHS, with key outcomes being that:

- There is a holistic model for transition plans and processes that cover all groups and families.
- Children and young people who have on-going health needs (including those with disability and mental health needs), receive integrated services and coordinated packages of care, and experience a seamless transition to adult services at the appropriate time.
- There is improved access to support for young people at key transition points.

Clearly, the implementation of effective transition arrangements involves commitment and action from both children's' and adults' services, working together.

Section 4

Positive Mental Health and Wellbeing for Adults



As well as commissioning effective mental health services, this strategy will focus on prevention and early intervention and will strengthen partnerships with the network of wellbeing services we have in Rochdale Borough.

This is a wide ranging agenda, including issues of poverty, housing, having a sense of community, employment, access to leisure facilities, crime and safety and green spaces. All of these factors have an impact on the mental health and wellbeing of communities or individuals.

North West Wellbeing Survey

In 2009, the Northwest Public Health Observatory (NWPHO) was commissioned by the Care Services Improvement Partnership (CSIP) to undertake a face-to-face survey to measure levels of wellbeing across the Northwest. A survey of 18,500 people was carried out across the region. Rochdale Borough commissioned an additional sample of 1,000 people to be included in the survey (a 500 representative sample from the entire borough, plus a sample of 500 from the most deprived areas). The survey included an assessment of wellbeing according to the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), which is a series of questions with possible scores from 1 to 5 (Appendix 1 WEMWBS Scale). The mean WEMWBS Score for the North West region was 27.7 (from a maximum of 35) compared with the slightly better mean scores for Rochdale borough of 28.4. These results can form the baseline measurement from which we can measure any future shifts in our population's wellbeing.

Our approach to positive mental health and wellbeing

The borough's Mental Health Promotion Strategy consists of eight task groups that provide a focus for the borough and take a whole person approach, as recommended in New Horizon's. These task groups focus on:

1. Children, Schools and Families
2. Adult Education
3. Media, Social Marketing, Combating Stigma and Discrimination
4. Health and Wellbeing
5. Neighbourhood and Communities
6. Workplaces
7. Later Life
8. Prisons

Each task group reports into the Health Promotion Implementation Group, which feeds in to the Older People's Mental Health Strategy Group, the Mental Health Local Implementation Team and the Children's and Adolescent Mental Health Service (CAHMS). The Mental Health and Wellbeing Commissioning Team is the overarching committee for all of these groups.

Services that promote Social Inclusion

In the recent past a range of services have been developed, primarily in the voluntary sector, which have sought to minimise the social exclusion experienced by many service users and heighten the independence experienced by individual. Broadly these services have sought to restore people back into the mainstream of society, by providing social, voluntary work, training and employment opportunities with notable success. Examples would include the Cyber cafes under the Comple@t umbrella and the subsequent development of allotments. The intention would be to extend the provision of such services and maximise the recovery available to people.

Arts for Wellbeing

Arts on Prescription is a course of art sessions that introduces participants to basic drawing and painting techniques. The course is structured yet flexible and aims to provide a supportive environment to people who are vulnerable due to an experience of mental or emotional distress. The people who are referred often have anxiety or depression and the project hopes to help people regain their confidence, learn about art and meet others whilst involved in a positive activity.

Since June 2009, 64 people have attended the course, with five of these moving on to become a volunteer, two attending college and one person found employment. An additional five people were inspired to go on other courses.

Books on Prescription

The scheme gives GPs and other health professionals the opportunity to offer self-help books to their patients with a 'book prescription' accessible through their local library. The books cover common mental health and relationship issues such as depression, stress, anxiety, domestic violence, low self esteem, bereavement.

The scheme has received 667 prescriptions in total but each prescription may request a number of different books. Here is what some of our service users had to say:

- Breaking Free – “Helped me tidy my mind and other perspectives.”
- Overcoming Traumatic Stress – “Very Helpful, got me through a very bad time.”
- Feel the Fear and Do it anyway – “Excellent idea, very informative, easy to understand.”
- Overcoming Depression – “Very easy to understand and follow.”
- Overcoming Binge Eating – “I felt inspired as it understood my problem and ways to help.”
- Anxiety and Phobia workbook – “Excellent! Well drafted, very good idea.”
- Managing Stress – “Informative and helpful.”
- Overcoming Low Self Esteem – “Excellent! Gives one a deeper insight to ones problems.”

HICO (Heywood Integrated Care Organisation)

HICO is a pilot project at York House Surgery and Argyle Street Surgery in Heywood, which started in September 2009. Its purpose is to improve integration of local primary care mental health and wellbeing services. The approach aims to facilitate multi agency working, remove stigma from mental health services, facilitate easier access to services, improve self care and lifestyle and help people to return to employment.

Over the 12 months of the project, a total of 226 patients were referred to see a practice-based HICO wellbeing worker, with 140 patients (62%) attending an appointment.

In order to support and promote positive mental wellbeing in the borough, a website called 'Five Ways to Wellbeing' (www.5w2w.org) was developed as part of the HICO project. This website allows patients, carers and members of the public to take a questionnaire that measures their wellbeing and signposts to local services that can help, as well as promoting each of the five ways to wellbeing.

It's a Goal!

It's a Goal! is a men's mental health programme that links positive mental health to a football metaphor. It is an eleven week programme that targets young men with low self esteem and depression, who may not wish to access traditional services in traditional settings. It provides an intervention in a non-clinical way, in a non-stigmatising environment. It's a Goal! offers ongoing peer support via the 'supporters club' and has successfully increased positive mental health and wellbeing and employment opportunities for those who have completed the course.

The It's a Goal! Programme will be rolled out locally from January 2011 and is supported by an evaluation that can be used to inform future commissioning.

Supporting Individuals

The New Economics Foundation (NEF) was commissioned in 2008 to develop a set of evidence-based actions that would have the biggest impact on improving personal wellbeing. A long list of actions was condensed into a set of five key messages know as 'The five ways to wellbeing,' which brings together the evidence around social relationships, physical activity, and awareness, learning and giving.

The 'Five ways to Wellbeing' for individuals are:

1. Connect - with family, friends, colleagues, neighbour
2. Be active - walk, run, garden, and dance
3. Take notice - be curious, reflect on experiences
4. Keep learning - try something new
5. Give - doing something for others

Future commissioning for mental health needs to take account of the importance of public mental health (that is, the prevention of mental ill health and the promotion of mental health) and the evidence base for the five ways to wellbeing.

Recommendations

- A shift will be made from traditional commissioning for mental illnesses, to include more activity on prevention, promotion and early intervention.
- Commitment will be obtained from senior partners in the local authority, and third sector to work in collaboration to promote good mental health and wellbeing for all in line with recommendations from New Horizons (2009).
- Partnership working will be fostered to develop and deliver the actions within the borough's mental health promotion strategy.
- Commitment will be secured from all senior partners to combat stigma and discrimination.
- Services will be commissioned to promote inclusion and combat stigma and discrimination.

Section 5

Mental Health for Adults and Older People



Primary and Community Care

Within primary care, people may present to GPs or other services in the borough for support with depression and anxiety related problems. To address this, we commission a number of mental health services and support in the community. The aim of Primary Mental Health Services generally is to provide fast easily accessible treatment for common mental health problems. The Primary Care Mental Health Service (PCMHS) is the key provider of these services in the borough of Rochdale. The service provides brief therapies and interventions to support people who may be presenting with mild to moderate mental health needs. The service is made up of Clinical Psychologists, Cognitive Behavioural Therapists, Counsellors and Mental Health Practitioners.

Services currently provided include:

- Clinical Psychology
- Gateway Team (Primary Care Liaison)
- Counselling
- Brief Therapies
- Stress Group
- Beating the Blues Computerised Cognitive Behaviour Therapy
- Cognitive Behavioural Therapy
- Being Heard Assertiveness Classes
- Loss and Bereavement Workshop

The PCMHS has been working on implementing a national programme called 'Improving Access to Psychological Therapies (IAPT)'. IAPT will help to improve mental health services in our area and play an important part in tackling the poor health and wellbeing of the people living in Heywood, Middleton and Rochdale. With a team of new therapists to help with depression and anxiety, it will ensure that all people within the community have access to state of the art therapies, when and where they need them. The IAPT programme will also focus on helping people get back to work. There are a high number of people either unemployed or on benefits in the borough which can have a big impact on your self esteem, confidence and mental health. By working with key partners such as the Job Centre and Citizens Advice Bureau, the programme aims to help people stay in work or start working again and improve their wellbeing.

Primary care services also have a direct liaison function with secondary specialist services in Rochdale (Pennine Care) and Manchester (Manchester Health and Social Care Trust). The service will re-route referrals and advise GPs and other Primary Care staff on the best pathway to access appropriate services for their patient.

Social Care

The majority of social care services for people with mental health problems sits within statutory services but there are also a range of commissioned activities which support the preventative agenda that this strategy is proposing.

It is crucial that this strategy embraces the development of the personalisation agenda within Adult Social Care to ensure that the potential benefits available through personalisation are fully realised for people with mental health problems. It will also be important that the local authority is more broadly engaged in the reduction of the wider determinants of mental ill health, particularly those outlined in the 10 commissioning areas referred to earlier.

Physical Care

Historically, there has been a tendency within mental health services to not always address the significant physical health needs that many people with mental health problems possess. It is well known that the life expectancy for people with mental health problems is significantly lower, whilst the likelihood of developing serious long term physical illnesses in later life is much higher. Therefore it will be important to ensure that the services we commission routinely and appropriately address the any physical health needs that mental health service users suffer from, in order to reduce the health inequalities and improve their mental wellbeing.

Secondary Mental Health Services

Secondary or Acute Mental Health services are provided to people that have a short or more enduring mental health problem that requires more treatment than what is normally available in primary care. Though commonly associated with inpatient psychiatric (hospital) care, the secondary mental health services scope out to Outpatient Psychiatric and Psychological Care and Specialist Community Teams, such as the Community Mental Health Teams Crisis Resolution and Home Treatment teams.

Though working in a secondary care setting their role is often to work with moderate to severe mental health users to both avoid them having to become in-patients or effect early discharge and maintenance away from in-patient treatment. These teams are multi-disciplinary (MDT) in character, including jointly funded Social Care/Health posts.

A small number of more specialist services, such as CAMHS (Child and Adolescent Mental Health Services) Psychiatric Rehabilitation (Stansfield Place, Heathfield and Rhodes Place) and some Secure Step Down is also provided.

Currently the PCT commissions the majority of its secondary Mental Health providers with Pennine Care NHS Foundation Trust, which is also the largest secondary mental health provider to four other PCTs. The commissioning PCTs work in collaboration, using a single contract and a lead commissioner, NHS Heywood, Middleton and Rochdale. A Leads group meets regularly with the provider to review high level issues, while two sub-groups covering Quality and Contract Performance, report into the leads group.

The PCT also commissions a small number of residual services with Manchester Mental Health and Social Care NHS Trust, mainly in relation to maternity mental health and psychotherapy.

Specialist Commissioning

Specialised Services are typically those that are planned for a greater population than that of a single Primary Care Trust. They are characterised as being of low volume in terms of activity but have high costs attached to them. They cover complex or chronic conditions associated with single spells of treatment over prolonged periods or a lifetime.

These services are not provided in every hospital and tend to be found in specialist centres. The North West is home to more specialist hospitals than any other region outside London.

The commissioning of Specialised and Secure Services across the North West is governed by the six 'rights' - ensuring that the right patient, receives the right treatment, from the right provider, in the right place, at the right time, and at the right price.

Specialised Services are subject to different commissioning arrangements than other NHS services. A review of Specialised Services recommended that there should be consistency across the NHS in commissioning of specialised services (acute and mental health). It went on to state that this should be achieved through regional and collaborative commissioning arrangements accountable to a regional Specialised Commissioning Group (SCG). Across the North West, these arrangements have been implemented through the North West Specialised Commissioning Group (NWSCG), a formal sub group of all 24 PCTs.

It is known that the majority of PCT funding (80 - 90%) of specialised services is focussed on 5 key areas:

1. Secure Mental Health Services
2. Kidney care
3. Neurosciences
4. Specialised children's services
5. Tertiary cardiac services

The demand for specialised and secure services is increasing each year. This is as a consequence of people living longer, but with more co-morbidities and advances in new drugs and technology.

Specialised services form one part of a pathway of care and often it will be actions undertaken in the primary and secondary parts of that pathway that will have the greatest impact on demand for, and therefore cost of, specialised and secure services. This may be in the form of earlier identification of patients consequently preventing progression into specialised care or by enabling patients to move on from specialised and secure services.

Patients accessing specialised services are on a pathway of care and have a definitive diagnosis. The treatment options for these patients are clearer and demand management once in the more specialised parts of the pathway is more difficult.

Forensic Secure Commissioning

There are currently 35 services defined as being 'specialised' nationally and forensic secure services are the main focus of mental health and learning disabilities commissioning.

Each year more than a quarter of a million people receive a custodial or community sentence from the courts. There is overwhelming evidence that this group suffers from a wide range of mental health conditions at much higher rates than the general population. Conditions include severe mental illness, a wide range of personality disorders, learning disabilities, and drug and alcohol abuse. Very many of this group have multiple problems. The mental health of the majority of these offenders is managed in the community, but in many cases they experience poor access to treatment, which contributes to offending or re-offending.

The vast majority of people who experience mental health problems will be able to receive appropriate treatment for their needs within their local community services. However, some people have such serious or complex needs that they need to access specialised secure mental health services.

Secure services operate within complex health, social care and criminal justice systems and a policy context which covers human rights, criminal law, the Mental Health Act and related health and social care policy. The role of secure services is to treat illness, reduce disability and mental distress and manage risk, has to be considered in this context.

Forensic inpatient services, a crucial part of the diversion process, have an important part to play in improving wellbeing and mental health for people whose mental health problems mean they are at significant risk of harming themselves or others. Such services divert people away from, or out of prison, and provide secure detention in purpose built settings with an emphasis on security, care and treatment. Patients are referred to secure settings via the courts, prisons, other secure environments and mental health service providers. Most of these patients will be detained under the Mental Health Act 1983.

The principles upon which secure services are delivered are drawn from the 1992 Review of Health and Social Services for Mentally Disordered Offenders and Others Requiring Similar Services (The Reed Report). These include the need to deliver services as close to home as possible and in the least restrictive environment for the person's needs and the risks they may present.

The role of Secure Services is to treat illness, reduce disability and mental distress, manage risk and support patients through a care pathway to enable them to live as independent a life as possible. Treatment and care should take place in conditions of the least necessary security and at a location as near to the individual's home as possible.

Forensic mental health services are usually based in 'secure' units and hospitals when people who are being treated are thought to be a risk to themselves or to other people. There are different levels of secure units: low, medium and high. Some areas also offer community-based forensic services for people who do not require hospital but who have previously committed offences, or are at risk of committing offences if they are not treated. There are clear standards which set out what is required in respect of physical, relational and procedural security and the treatments and rehabilitation required to support patients through the pathway to live in the least restrictive environment.

There are three high security hospitals in England and Wales that are used to treat people being held under the Mental Health Act and who are thought to pose a significant danger to the public. They are Ashworth, Rampton and Broadmoor. A small number of people are held indefinitely in high security hospitals because they are thought to pose a serious threat to the public because of a previous history of physical and/or sexual violence. NHS HMR fund high secure service users at Ashworth.

Secure Services are provided across three levels of security - high, medium and low. Within all of these services, the role of procedural and relational security is as important as physical security. High Secure Services are for patients assessed as a grave and immediate risk to the public. Medium Secure Services in the main provide for mentally disordered offenders or others with similar needs, who need care and treatment in a Medium Secure environment. Low Secure Services provide rehabilitation for patients with long-term complex conditions, who cannot be cared for in an open environment.

Decisions of movement through the pathway will be subject to Ministry of Justice approval, where the risk is such that a restriction order is part of the mental disorder treatment.

Our patients in secure services

Expenditure on secure services for the people of Rochdale was £9.9m at the end of the financial year 2009/10. NHS Heywood, Middleton and Rochdale has the highest number of mental health specialist placements when compared to other PCTs in the Greater Manchester health economy. Given the size of our population, this is an area of high concern. In addition, this is an area of high spend with the average placement costing in the region of £200k per year. These placements are commissioned on behalf of NHS Heywood, Middleton and Rochdale by the North West Specialist Commissioning Team, which is a sub group of the North West Strategic Commissioning Group (NWSCG).

The increase in the use of secure services reflects:

- More patients identified as needing care and treatment in secure services
- Patients staying longer in medium and low secure services (although there is a reduction in high secure lengths of stay)

But factors in the wider society affect this:

- Risk aversion in society, recognised by the Government and reflected in policy
- Increased use of illegal drugs
- Increased prison population (doubled in the last 20 years)

Many patients accessing secure services continue to be in contact with them for many years, sometimes at varying levels of security with some patients having spells in the community with recall or re-admission necessary as part of the ongoing risk management.

Over recent years the size of the high secure estate has contracted, but there have been corresponding increases in the provision of medium and low secure forensic inpatient services in England. This expansion has renewed debate about the appropriateness and quality of care across the pathway of care, the effectiveness of secure hospital service delivery within agreed expenditure and whether resources are being used most effectively.

Recommendations

- All forensic secure clients should be reviewed to ensure that they are receiving the most appropriate and effective care, in the most cost effective way possible.
- Monitoring length of stay as well as discharge planning for all secure service users is essential and should be followed up with NWSCT and care managers.
- Care managers facilitating move on from secure care.

- Ensuring prevention of referral to secure care through delivery of good quality and skilled acute services.
- Ensuring rehabilitation and recovery services are in place, including a range of accommodation.
- Support the provision of pathways of care and not silo services.
- Supporting NWSCT in its commissioning operation on behalf of the PCT to ensure that patients move on through the care pathway and that local services do not become blocked.
- Continuing to work with the NWSCT to review service users currently funded by the PCT and those that are likely to present to secure services in the near future, as well as those that are potentially ready to move on.
- Continuing to work with the NWSCT to review service provision and effectiveness of delivery, as well as efficiency savings and reductions on demand for secure services.
- Partnership working with Local Authority and other agencies to support secure service users through the pathways.

Older People

The population aged 65 and over in Rochdale Borough is expected to increase by 30% between 2001 and 2021. The population aged 85 and over in Rochdale Borough is expected to increase by 50% between 2001 and 2021. This group usually have the greatest needs and the mental health needs of this group are significant.

Frequently, older people with mental health problems will have a different medical presentation compared with younger adults. Additionally, certain conditions such as dementia are far more prevalent among older people, meaning that services to meet the needs of those with such conditions will by necessity be targeted towards older people.

Service developments for Older Peoples Mental Health have often lagged behind provision for Adults of Working Age. Despite the significant achievements of the National Service Frameworks (NSFs) for mental health and older people, there was agreement in National Directors' reviews of NSF implementation and national inspection reports that there were particular challenges in delivering better mental health services for older people. Older adults with mental health problems have not benefited from some of the service developments seen for younger adults, and developments in older people's services are not always fully meeting people's mental health needs.

In July 2005 the Department of Health (DH) published Securing Better Mental Health for Older Adults to mark the start of a new programme to bring together mental health and older people's policy in order to improve services for older people with mental health problems.

The National Directors' for older people and mental health promoted the dual principles of delivering non discriminatory mental health and care services available on the basis of need, not age and that these should be holistic and person centred.

The publication highlighted the following needs:

- for agencies to work together
- for improved skills and competencies of staff in all mainstream care settings
- to enhance detection and management of mental health problems
- for appropriate investment to support a comprehensive specialist mental health service for older adults

Two thirds of NHS beds are occupied by people age 65 or over and up to two thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

Within the general community, depression is present in around 15% of older people and dementia affects 5% of people over 65 years and 20% over 80 years.

In the next ten years, the number of people over 65 will increase by 15%, and those over 85 by 27%. Mental health problems, particularly depression and dementia, are more common and have a worse outcome in the 60% of older people who suffer from long standing illnesses.

In cost of illness studies, the direct costs of Alzheimer's disease alone exceed the total cost of stroke, cancer and heart disease. In 2003/4 the NHS spent around 43% of its hospital and community health services budget (£16.471 billion) on people over the age of 65. In the same year social services spent nearly 44% of its budget (some £7.38 billion) on people over the age of 65. These figures are set to rise.

Mental health and wellbeing is of great importance to older people. Mental health problems affect a large number of the population including older people. There are a range of mental health issues that affect the whole population and there are specific issues highlighted that are more prevalent in older people.

The UK Inquiry into Mental Health and Wellbeing in Later Life (2006) reported 40% of older people attending GP surgeries and 60% of those living in institutions have 'poor mental health'.

There are a range of issues that can make older people more vulnerable to mental health problems such as social isolation, illness and bereavement and a range of ways that older people's mental health can be protected such as by ensuring social interaction, control and dignity. Within the borough we need to ensure we have the services and skills in place to recognise, treat and support those with different levels of depression and their carers.

The National Dementia Strategy (NDS) work locally is part of the Operating Framework and sits as a separate action plan, however it does interlink with the wider mental health strategy. The Department of Health made available, within baseline budgets, £407k in 2009/10 and £271K in 2010/11, to support the local delivery of the strategy. Providers of Mental Health services must be mindful that people with dementia are not excluded from Mental Health services, especially where they have another Mental Health condition in addition to dementia.

The local Joint Needs Assessment shows that in 2008 there was estimated to be 1,450 people with non critical-interval level dementia need, and 750 people with critical-interval level need; a total of 2,200 people. By 2028, this total is projected to reach 3,390 (2,230 non critical interval level and 1,160 critical-interval level).

People that suffer from dementia at a critical-interval level implies a need for constant care or daily supervision. Locally, services need to be planned and built over time to support people with dementia and their carers with formal and informal care at different levels.

Recommendations

- Services for older people (including those with dementia) have a lower profile than those services for adults of working age and it has become increasingly important to raise this within the Rochdale Borough. All services for older people (including those with dementia) will have an equal profile to all other services.
- Ensure fair access to services, regardless of age or condition
- Ensure services are needs led not age led and are accessible and equitable.
- Increase awareness of mental health problems and stigma experienced by older people.
- Implement programmes to improve mental wellbeing and prevent mental ill health amongst the older people of Rochdale Borough.
- Develop robust and appropriate support, information and advice for carers and families
- Ensure clear pathways of care for older people with mental health needs
- Develop an appropriately skilled workforce for older peoples mental health services
- Establish clear, fair and transparent financial arrangements around the funding of mental health services, including those services provided to older people.

Section 6

The Way Forward



We have made a number of recommendations throughout this document. Here we have provided a summary of each recommendation, along with high level actions that support future commissioning, summarised in the table which will enable the measure of success/achievement.

Section 2: Procurement, Contracting, Monitoring and Performance

In order for performance monitoring to be accurate and meaningful, it is essential that we improve the quality of information and data that we collect. This will be done in the following ways:

- Improve the monitoring of admissions to measure the impact of intervention services and inform strategies, including admissions relating to alcohol, drugs and suicide.
- Add further quality schedules that will help to drive improvements to services and ensure that there is a robust framework for measuring performance of the schedules.
- Develop more outcome-based indicators, informed by the national Information Strategy.
- Benchmark data across Pennine Care, identifying best practice and areas that need to be reviewed.
- Develop reports that evaluate Improving Access to Psychological Therapies (IAPT), which will allow us to set baselines and monitor improvements.
- Develop key performance indicators to monitor offender mental health services. This will support the recommendations within the Bradley Report.
- Improve the monitoring of specialist inpatient services such as the Children and Adolescent Mental Health Service (CAMHS) and PICU to ensure we receive value for money.
- Develop a secure commissioning dataset to ensure we receive more timely and appropriate data to monitor patients.
- Move towards datasets that will allow us to review individual patients care pathways. This becomes more important as we move to Payment by Results rather than block contracts.
- Develop the amount of activity we receive from Pennine Care, including waiting lists for community teams.

Section 2: Finance

- Around 40% of our budget is spent on block contracts with five different providers, with the majority provider being Pennine Care NHS Foundation Trust.
- We spend a significant amount on high level treatments in secondary care and specialised services, but we will decide to spend more money on preventative and primary care services.
- We spend more than £1 million on mental health Service Level Agreements (SLAs) including grants, and these will be reviewed to ensure that they provide value for money.
- However, whilst the Government is not cutting the total NHS budget, we will still be required to review our Mental Health expenditure to ensure that it is efficient and effective, as well as to identify any potential savings.

Section 4: Positive Mental Health

- A shift will be made from traditional commissioning for mental illnesses, to include more activity on prevention, promotion and early intervention.
- Commitment will be obtained from senior partners in the local authority, and third sector to work in collaboration to promote good mental health and wellbeing for all in line with recommendations from New Horizons (2009).
- Partnership working will be fostered to develop and deliver the actions within the borough's mental health promotion strategy.

- Commitment will be secured from all senior partners to combat stigma and discrimination.
- Services will be commissioned to promote inclusion and combat stigma and discrimination

Section 5: Specialist Commissioning

- All forensic secure clients should be reviewed to ensure that they are receiving the most appropriate and effective care, in the most cost effective way possible.
- Monitoring length of stay as well as discharge planning for all secure service users is essential and should be followed up with NWSCT and care managers.
- Care managers facilitating move on from secure care.
- Ensuring prevention of referral to secure care through delivery of good quality and skilled acute services.
- Ensuring rehabilitation and recovery services are in place, including a range of accommodation.
- Support the provision of pathways of care and not silo services.
- Supporting NWSCT in its commissioning operation on behalf of the PCT to ensure that patients move on through the care pathway and that local services do not become blocked.
- Continuing to work with the NWSCT to review service users currently funded by the PCT and those that are likely to present to secure services in the near future, as well as those that are potentially ready to move on.
- Continuing to work with the NWSCT to review service provision and effectiveness of delivery, as well as efficiency savings and reductions on demand for secure services.
- Partnership working with Local Authority and other agencies to support secure service users through the pathways.

Section 5: Mental Health for Adults and Older People

- Services for older people (including those with dementia) have a lower profile than those services for adults of working age and it has become increasingly important to raise this within the Rochdale Borough. All services for older people (including those with dementia) will have an equal profile to all other services.
- Ensure fair access to services, regardless of age or condition
- Ensure services are needs led not age led and are accessible and equitable.
- Increase awareness of mental health problems and stigma experienced by older people.
- Implement programmes to improve mental wellbeing and prevent mental ill health amongst the older people of Rochdale Borough.
- Develop robust and appropriate support, information and advice for carers and families
- Ensure clear pathways of care for older people with mental health needs
- Develop an appropriately skilled workforce for older peoples mental health services
- Establish clear, fair and transparent financial arrangements around the funding of mental health services, including those services provided to older people.

Summary of Objectives/Actions

Section within Strategy	Commissioning Area/Objective	Action	Outcome Required	Measures of Success
<p>Section 1: Our Vision and Strategic Direction</p>	<p>The 10 Commissioning Areas (Pages 8 – 11)</p> <p>The 10 Commissioning Areas for which there is good evidence of effectiveness, includes interventions across the life course and those aimed at building sustainable communities</p>	<p>Explore and implement all commissioning areas with partner agencies</p>	<p>Demonstration of utilisation of the 10 Commissioning Areas</p>	<p>Work with partner agencies to ensure all the commissioning areas are explored and implemented via our local commissioning approach and delivery of the aims and objectives of the strategy (pages 5 – 6)</p>
<p>Section 2: Procurement, Contracting, Monitoring and Performance</p>	<p>To improve the quality of information and data we collect.</p> <p>Relates to all Commissioning Areas (Pages 9-11)</p>	<p>Develop a robust framework for measuring performance</p> <p>Develop more outcome- based indicators</p> <p>Move towards datasets that will allow us to review individual patient care pathways</p>	<p>Year on Year improvement in the quality and information we collect</p>	<p>Robust framework developed.</p> <p>Improved information and data, which will enable us to develop reports, that set baselines, so we are able to monitor improvements</p>

<p>Section 2: Finance</p>	<p>Ensuring services delivered are Value for Money, and delivered within the current financial constraints</p> <p>Relates to all Commissioning Areas (Pages 9-11)</p>	<p>To review Mental Health Expenditure to ensure it is efficient and effective, in addition to identifying any potential savings</p> <p>To review models of delivery with a shift from 'traditional' intervention to prevention services</p>	<p>Within Programme Budgeting reporting delivery of services within the quadrant – lower spend, better outcomes, ensuring the population receives high quality services, which are value for money</p>	<p>Delivery of services that are more prevention than intervention, meeting the needs of the population within the financial envelope for Mental Health and Well Being Services</p>
<p>Section 4: Positive Mental Health</p>	<p>A shift will be made from traditional commissioning for mental illnesses, to include more activity on prevention, promotion and early intervention</p> <p>Relates to all Commissioning Areas (Pages 9-11)</p>	<p>Commitment from senior partners in local organisations both statutory and voluntary to work in collaboration to promote good mental health and well being and make a shift in service provision</p> <p>Partnership working will be fostered to develop and deliver the actions within the boroughs mental health promotion strategy</p> <p>Services will be</p>	<p>Year on year increase in the development of preventative and early intervention services</p>	<p>A Shift in service provision from 'traditional' type services to those providing prevention and early intervention</p> <p>Commitment secured and progression of the Mental Health Promotion Strategy (Action Plan)</p> <p>Service delivery demonstrates evidence of inclusion and combating stigma and discrimination</p>

		commissioned to promote inclusion and combat stigma and discrimination		
Section 5: Mental Health Adults and Older People - Specialist Commissioning	Forensic secure services, which ensure rehabilitation and recovery Relates to all Commissioning Areas 4 - 10 (Pages 9-11)	All forensic secure clients will be reviewed to ensure they are receiving the most appropriate and effective care, in the most cost effective way Acute services will be reviewed to ensure implementation and intervention of services to prevent referral to secure care through delivery of good quality and a skilled workforce	Robust forensic secure placements to meet individual needs via Partnership working with the Local Authority and other agencies to support service users through the care pathways	Clients have been reviewed, ensuring rehabilitation and recovery services are in place, including a range of accommodation and prevention of referral to secure care through delivery of good quality and skilled acute service provision Reduction in the number of forensic secure placements
Section 5: Mental Health Adults and Older People	Services for older people (including those with dementia) have equal profile to all other services Relates to all Commissioning Areas 5 - 10 (Pages 9-11)	Implementation of services to improve mental well being and prevent mental ill health amongst the older people in the population of Rochdale Borough. Develop clear pathways of care for older peoples mental health services	Services are needs led and not age led and are accessible and equitable	Increased awareness of mental health problems experienced by older people Service delivery demonstrates evidence of inclusion and combating stigma and discrimination

		Develop robust support, information and advice for carers and families		
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Section 7

Appendices



Appendix 1

Analysis of Expenditure 2009/10

Prescribing (Drugs in this section may also be used for other health issues)	£000
Analgesics	2,749
Antidepressant Drugs	1,143
Antiepileptics	1,650
CNS Stimulants and drugs used for ADHD	78
Drugs Used In Nausea And Vertigo	186
Drugs Used In Park'ism/Related Disorders	524
Drugs Used In Psychoses & Rel.Disorders	1,696
Drugs Used In Substance Dependence	717
Drugs for Dementia	342
Drugs used in the Treatment of Obesity	331
Hypnotics And Anxiolytics	276
Sub Total	9,690
Block Contracts	
NHS Heywood Middleton and Rochdale Community Healthcare (includes IAPT)	3,291
Manchester Mental Health & Social Care Trust	1,431
Lancashire Care Trust	12
Greater Manchester West Mental Health Foundation Trust	19
Pennine Care Mental Health Foundation Trust	18,304
Sub Total	23,056
Service Level Agreements	
Stansfield Place - Pennine Care	36
Other small grants	15
Rochdale and District MIND	533
Making Space Grant	54
Community Mental Health Workers/Social Workers (RMBC)	393
CAMHS LD Psychology (Pennine Care)	19
Sub Total	1,051
Specialised Services (NWSCT)	
5 Boroughs	110
Calderstones	870
Greater Manchester West Mental Health Foundation Trust	2,636
Learning Disabilities	5
Mersey Care	59
Pennine Care Mental Health Foundation Trust	582
Secure	2,307
Salford PCT	14
OATS	810
Greater Manchester West Mental Health Foundation Trust	2,486
Sub Total	9,879

Mental Health Promotion	
Rochdale and District MIND (Arts on Prescription)	20
Health Integrated Care Organisation/World Mental Health Day	14
IAPT	15
Sub Total	50
Learning Disabilities	
Rochdale Metropolitan Borough Council	8,547
Pennine Care Mental Health Foundation Trust	218
Sub Total	8,765
Drugs and Alcohol	
Supervised Consumption	58
Turning Point	65
ADS	383
Early Break	22
Everyday Skills (Ease)	33
High Level	155
Ashton Leigh and Wigan PCT	6
Community Drug Outreach Team (RMBC)	80
Adelaide Street Rent (Dr Taylor)	17
Altrix Healthcare	21
Early Break	70
Young Persons Substance Misuse (RMBC)	220
Crime Reduction Initiative	144
Tier 4 Abstinence Project (RMBC)	41
Brentwood Refurbishment (RMBC)	5
DAT Capacity & Training (RMBC)	146
Drug Related Deaths (Trafford PCT)	5
Sharps Bins (SRCL)	3
GP National Enhanced Contract/Local Enhanced Contract	73
Consultancy DAT (Lifeline Project)	15
Acorn Project	395
GP Practice Prescribing	252
Support Fees (Finance)	18
Pennine Care Mental Health Foundation Trust	1,024
Sub Total	3,252
High Cost Treatments	
Cheadle Royal	52
The Priory	258
Other Non NHS Providers (e.g. Altrincham Priory, Highbank Priory)	26
Sub Total	335
Cost Per Case	
Non NHS Healthcare (e.g. Cygnet Healthcare)	3
MH Capacity Act/Deprivation of Liberty Safeguard	79
Medical Fees (Mental Health Assessments)	65
Non Contract Activity to other Mental Health & Acute Trusts	45
Pennine Care Mental Health Foundation Trust	314
Sub Total	506
Complex Cases specialised placements	
Specialist Placements	622
Sub Total	622
	Total
	57,206

