

**Cambridgeshire and Peterborough Shadow Clinical Commissioning Group
Cambridgeshire County Council
Peterborough City Council**

South Cambs Local Health Partnership

Draft Joint Commissioning Strategy for Adult Mental Health Services

January 2012



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The new Cambridgeshire and Peterborough Clinical Commissioning Group

- One Cambridgeshire and Peterborough CCG
- Eight "Local Commissioning Groups"
- Clinically-Lead Commissioning
- Our Values
- Our Challenges
- "Mainstreaming" Mental Health
- Joint Working with Local Authorities



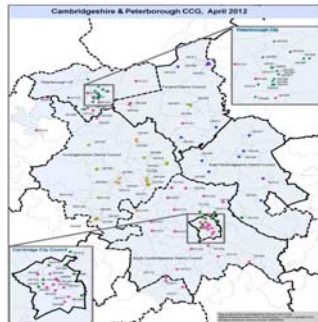
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If authorised by the NHS Commissioning Board later this year, the CCG will be one of the largest in the country ..

The Shadow CCG covers a population of nearly 864,000 people.

It will include 3 practices from North Hertfordshire and 2 practices from Northamptonshire.

It will have links to two Health and Well Being Boards



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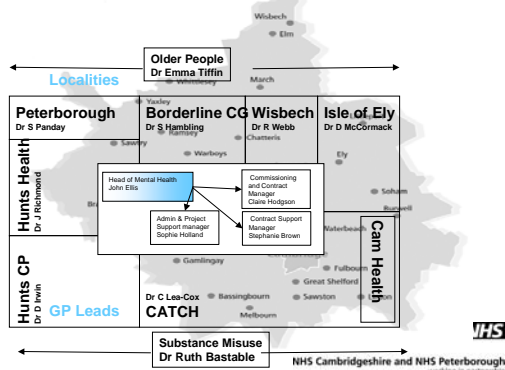
Local Commissioning Groups

Borderline Commissioning Cluster	9 practices
Cam Health Integrated Care	9 practices
Hunts Care Partnership	16 practices
Hunts Health	10 practices
Isle of Ely Health	10 practices
Cambridge Association to Commission Health (C.A.T.C.H.)	28 practices
Wisbech Locality Group	4 practices
Peterborough	22 Practices



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The GP-Lead Model for Mental Health Commissioning



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The Story So Far.....

- the need for this document;
- the feedback we and GPs regularly receive from service users and carers;
- the public consultation last autumn / winter;
- our "financial challenges";
- the NHS changes, especially GP-lead CCGs and focus on outcomes for service users;
- the new national "No Health Without Mental Health" strategy;
- we acknowledge we could commission services better, especially from the voluntary organisations;
- the views of the LCG GP mental health leads;



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The Draft Joint Commissioning Strategy 2013-6

- Chapter 1 - The Importance of this Document
- Chapter 2 - How It Has Been produced
- Chapter 3 - Current Local Service Provision
- Chapter 4 - Local Joint Strategic Needs Assessment
- Chapter 5 - Our Commissioning Priorities 2013-16
- Chapter 6 - Specialist Mental Health Services
- Chapter 7 - Summary (not yet written)
- Glossary and Appendices



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Some Key Points

- We have identified three "over-arching" themes
 - Prompt Access to Effective Help
 - Recovery Model
 - Inter-Relationship with Physical Health
- Also our "commissioning processes" could be improved
- Each LCG has some local issues and priorities for action
- Our timetable targets the Health and Well-Being Board for sign-off March 2013
- A draft Commissioning Strategy for Older Peoples Mental Health Services is also now in circulation
- A draft Commissioning Strategy for Child and Adolescent Mental Health Services is being prepared



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Priority 1: Prompt Access to Effective Help

- Introduce a **single-point of access** Advice and Resource Centre (ARC) to local mental health services for referrers, carers and service users which is open 24/7
- Increase access to **psychological therapies** to widen the range of interventions available locally
- Ensure **equitable access** to the services that we commission across each of the LCGs throughout Cambridgeshire and Peterborough
- Ensure that staff in all local agencies coming into contact with people with mental health problems receive appropriate **training**;
- Address barriers to access to "main stream" mental health services for **marginalised groups** (e.g. ethnic minorities, people with learning disabilities, deaf people, the homeless and travellers);
- Improve the help offered within the criminal justice system to offenders with mental health problems



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Priority 1: Prompt Access to Effective Help (continued)

- Ensure a smooth **transition** between age appropriate services when clinically appropriate for people of all ages
- Improve access to diagnosis and local support for people with the life-long conditions **Autism** and **ADHD**
- Review **perinatal** pathways so that mothers can promptly access help when needed.
- Exploit whenever appropriate the opportunities offered by modern **information technology** to widen the range of ways through which people can access effective help
- Provide information, education and support for people to take control of/manage their own symptoms and the way they are treated
- Prompt access to an Approved Mental Health Practitioner (AMHP) for people requiring assessment under the Mental Health Act.



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Priority 2: The "Recovery" Model

- All local services to demonstrably hold hope and belief in "**recovery**" – i.e. the potential of everyone using services to live a meaningful and contributing life;
- Promote the **social inclusion** of people with mental health problems, including assistance with employment, accommodation, advocacy, etc.
- Improve support for **Carers**
- Maximising the **independence** of service users so that they can identify and work towards their personal goals and ambitions, by ensuring that local services embrace the principles of recovery and personalisation, including more flexible person-centred care plans;.
- Modern purpose-built facilities** for those requiring in-patient admission



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Priority 2: The "Recovery" Model (continued)

- Robust **discharge planning** processes
- Make more use of **peer support** and **volunteers** to facilitate the recovery process.
- Ensuring there is access to a specialist community-based **forensic** mental health service throughout Cambridgeshire and Peterborough
- Improved partnership working between primary care, secondary services, and voluntary organisations to strengthen the local response to people who may be at risk of **suicide**
- Continue to challenge **stigma** in all services and through our mental health promotion activities;
- Support the development of a Recovery College locally.



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Priority 3 – The Link Between Physical and Mental Health

1. Improve the **physical health** of people with severe and enduring mental health problems
2. Explore the opportunities for psychological therapy and other interventions to improve the health and well-being of people with **long-term conditions** such as diabetes, asthma and chronic pain
3. Introduce **Liaison Psychiatry** Services to local hospitals. Liaison Psychiatry Services (LPS) work at the interface of physical and mental health, addressing the psychiatric and psychological needs of people with physical health problems who are being treated in physical healthcare settings
4. Ensure people with **Dual Diagnosis** promptly receive the help they need for both their mental health and substance misuse problems



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Priority 4 – Improve Our Commissioning Processes

1. Focus on **outcomes** achieved for local service users as our key measure of the effectiveness of the services that we commission;
2. More closely monitor the **quality** of local services, including safety, safeguarding, environment, risk assessment, and especially for those with severe and enduring mental illness
3. Systematically use data from local **Joint Strategic Needs Assessments** to ensure equality of access to the services that we commission
4. Systematically use feedback from the Cambridgeshire **Service User Network** and equivalent forums in Peterborough to determine appropriate outcome measures, as a key measure of service quality, and to help us improve services generally
5. Continue to improve the **quality of data** collected about local services so that this can be reliably used as the basis for future commissioning decision
6. Strengthen our links with local **Carer** groups in order to improve the feedback we receive from them about local services



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Priority 4 – Improve Our Commissioning Processes (continued)

7. Develop a **commissioning framework** for the services provided by local **voluntary organisations**
8. Ensure that the mental health services we commission are **evidence need based and value for money**
9. Ensure through our contract management that there is **partnership working** between local service providers (including substance misuse services) in order that service users receive an integrated and seamless service
10. Continue and strengthen the already close working between the respective local commissioners of **health and social care**. 11. Clarify the processes by which local stakeholders can seek to influence the commissioning of local mental health services



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The Comments So Far:-

- Service users and carers recognise the “key themes” especially “recovery focussed” services
- More emphasis on access to appropriate housing;
- Access to services from the criminal justice system
- Even more emphasis on prevention and early intervention
- Joint CCC and PCC OSC sub-committee for mental health recognise the themes and are adding comments
- There are too many priorities and these need to be reduced to a realistic and achievable number for the document to have value



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Feedback Welcome

- Is the document **readable** and generally understandable?
- Is the **format** clear?
- Do the priorities cover the things most **important to you**?
- Have we **missed** anything major?
- Have we attached too much to something that is actually not quite so important?
- How can we best ensure you have the chance to **regularly comment on any issue you have in relation to mental health services** as the strategy moves forward?



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Your comments can be forwarded please to our new single point of access for queries about local mental health services:-

C-pct.MHLDCommissioning@nhs.net



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