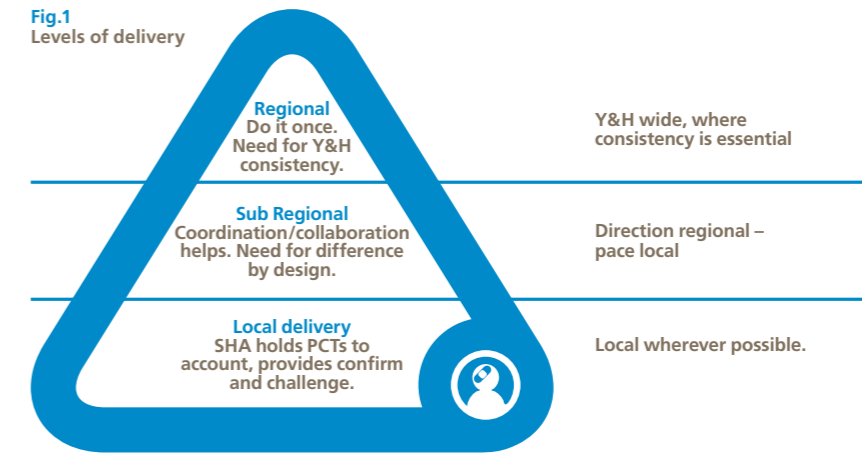




Fig.1
Levels of delivery



What did we say in Healthy Ambitions?*

1
The Mental Health Pathway identified considerable variation in services provided in localities and the speed in which services have been modernised. It also found some pathways complex and difficult to navigate, for professionals, users and carers.

They therefore recommended that:

- Help when it is needed – no queues
- The adoption of a vision for mental health “to live free from discrimination, disability and poverty”
- A single access point to ensure you get the right support quickly
- Investment in community mental health services to ensure capacity meets demand
- Mental health teams attached to GP practices
- Modernised dementia services.

Who is taking this work forward?






2
PCTs across Y&H have worked with the SHA to agree which of the recommendations of the mental health pathway group should be taken forward locally and which might need action at regional level. This is summarised in fig.2.

*Full details can be found at www.healthyambitions.co.uk/mental_health.html






Recommendations and levels of delivery

Fig.2 Levels of delivery

KEY
 ● Primary Implementation

 Recommendation 1 Of critical importance is the implementation of generic mental health pathways which the CPG describe. The key high level output of the pathway is zero waiting times for all mental health referrals YH wide implementation - YH wide coordination and collaboration - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes	 Recommendation 2 Integrated primary/secondary and health and social care YH wide implementation - YH wide coordination and collaboration - Local Delivery Yes	 Recommendation 3 Care planning supported by 'advocate' YH wide implementation - YH wide coordination and collaboration Mental health commissioning forum Local Delivery Yes	 Recommendation 4 Single point to assessment YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes	 Recommendation 5 Open access to a range of supportive interventions provided by a range of providers YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes
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Of critical importance is the implementation of generic mental health pathways. The key high level output of the pathway is zero waiting times for all mental health referrals.

 Recommendation 6 Care elements/packages can be allocated a cost so that individuals can have their own budget YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes	 Recommendation 7 Personal advisors or advocates are available to support people in accessing the appropriate support YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes	 Recommendation 8 Standards for services which enable benchmarking to take place YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Peer audit	 Recommendation 9 The CPG support the same aspiration for mental health outcomes as described in the report of the London review – 'Framework for action' – 'all living' in Y&H to be able to get the maximum out of life, free from discrimination, disability, and poverty – wellbeing for all is our aim' This aspiration should feature in Local Strategic Partnerships and Local Area Agreements YH wide implementation - YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes	 Recommendation 10 The term 'Crisis Resolution' should be dropped completely as it causes significant confusion to referrers and commissioners alike YH wide implementation Needs regional implementation YH wide coordination and collaboration Mental Health Commissioning Forum Local Delivery Yes
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PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.



Fig.3 Mental Health – Timescales

Action	When
Urgent and Non-Urgent Care Pathway Specification framework agreed for local use and development	2009
Establishment of Leadership Group	Complete
Contract modality to be agreed	2009
Contract developed and implemented	Underway
Clarification of YHIP work programme-regionally and Nationally	2009
Care Pathways and Packages	Underway
Clinical Network established	Complete
IAPT implemented	April 2009 & 2010
First Peer Audits to review effectiveness of new commissioning and contracting systems	November 2009 onwards

Part of the work to deliver improved services will include a focus on raising the quality of care for people with a learning disability and improving access to primary care and acute services as well as for people who need mental health services.

When is it happening?

3
The actions to be taken forward in the first year of implementation for the Mental Health pathway are shown in fig.3.

Where is it happening already?

4
PCTs have prioritised the recommendations in Healthy Ambitions in light of the needs of their local community and the current position of their services.

Working with local partners and providers they have all set out the action that they will take to start to turn the recommendations in Healthy Ambitions into reality in the five year strategic plans.

An example of the action being taken by North Lincolnshire is shown in fig.4.

An example of local action in North Lincolnshire:

As a whole system, the mental health service for North Lincolnshire provides access to services using the Clinical Assessment Service (CAS) model, providing the opportunity for choice. Primary care mental health has a direct booking facility available to referrers & clients. The Crisis Resolution Team is available for people with urgent needs 24hours a day, 7days a week.

- Recent investment in the Early Intervention in Psychosis Team in 2008/09 is a signal of the PCT commitment to ensuring that those developing serious and enduring mental illness are detected as early as possible, given clinically relevant intervention and have the best opportunity of recovery & prognosis.
- Recent investment in Mental Health First Aid (MHFA) Instructors for North Lincolnshire who work closely with employers in the area, using the MHFA model to help raise awareness and breakthrough the stigma often associated with mental health (particularly in the workplace).

- Further work with employers is aligned to the Improving Access to Psychological Therapies programme, ensuring that those still in work (but with a common mental health problem) are able to retain their employment.
- The PCT are working to establish a programme of improvement for working age mental health services within the North Lincolnshire locality that includes a system which provides:
 - Help when it is needed – no queues
 - A single access point to ensure people get the right support quickly
 - Investment in community mental health services to ensure capacity meets demand

Everyone with an interest in improving mental health services can play a part.

How could you help?

5

Everyone with an interest in improving mental health services can play a part in taking forward the recommendations in the mental Health chapter of Healthy Ambitions.

In fig.5 we have set out some of the suggestions from staff about how people could help implement the recommendations.

As an NHS publication – this section has just focussed on the roles that NHS Staff could play – but we very much recognise that our partners have a big contribution to make if we are to deliver the recommendations of the of the mental health chapter in Healthy Ambitions. We know that local authorities have a big part to play – e.g. in working with the NHS to provide integrated services, in identifying and supporting people in need of mental health services and in referring them from a variety of settings including social services and education. We are committed to working with our partners to help make this happen.

Fig.5 How can you help

Who	What
Directors of Public Health could be:	<ul style="list-style-type: none"> Commissioning a detailed joint needs assessment that identifies (at GP practice level) the demand characteristics for severe and less severe MH presentations, (building upon tools such as the MINI Indices), and using geographic mapping tools provide at a health economy level a breakdown of need mapped against GP practices so that variation can be identified.
Directors of commissioning could be:	<ul style="list-style-type: none"> Understanding models of care in detail Responding to the needs assessment material provided by Public Health by developing service specifications that recognise variation in demand with an expectation within contracts for service providers of a comparable variation in resource distribution. Considering the development of the 'CAS' - (clinical assessment service) approach to the integrated MH community team as an initial interface with all referrals for non-tier 1 care from which care coordination and care navigation will flow. Ensuring the commissioning of detailed and comprehensive information systems to help people self manage access to services and use self help resources so as to reduce the need to make formal referral for face to face assessment Making sure service outcomes are reflected in indicators used to reward quality in contracts. Commissioning services to ensure there are no waits for MH care Ensuring revised pathways are reflected in joint commissioning arrangements
Directors of performance could be:	<ul style="list-style-type: none"> Monitoring quality in contracts indicators to ensure progress is being made and examine impact on selected WCC outcomes Monitoring performance of early intervention in psychosis teams against expected numbers of new cases
Adult Psychiatrists could be:	<ul style="list-style-type: none"> Working with Trust service delivery leads and commissioner partnership development groups, (LIT's) to assist in the delivery of the report – specifically to develop a 'consultancy' approach to care support/advice to CMHTs, disestablish OP systems and support the distribution of MH staff resources that reflect needs/demand not crude populations
Community MH team professionals could be:	<ul style="list-style-type: none"> Working with Trust service delivery leads and partnership structures to identify how to best deliver a 'zero wait' to allocation and 1st appointment system
Primary care teams could be:	<ul style="list-style-type: none"> Providing 'tier one' care as outlined in report, to ensure they spot, assess and deal with those issues presented to them. Ensuring they have the skills to identify those who need referral to non-generic tier 2 and 3 specialist services. Able to signpost into appropriate services Housing, where possible, psychological therapy services to meet the needs of the local population Housing where possible, community MH team staff to meet the needs of the local population <p>NOTE- For small practices, – hub and spoke models to resource allocation will be appropriate</p>



Who will make sure that this work happens?

6

There are a number of key leadership roles in the delivery of this pathway:

Locally

Each PCT is responsible for working with local providers and partners to ensure the delivery of recommendations in line with their local priorities and their own strategic plans.

Who	What
Old age MH Services could be:	<ul style="list-style-type: none"> Considering the benefits of a single, (all age) initial point of referral and screening assessment service that would allow signposting of self referral clients to OPMH services Note – this should act to supplement existing care pathways not replace them
CAMHS professionals could be:	<ul style="list-style-type: none"> Examining recommendations including CAMHS on call services Considering the benefits of a single, (all age) initial point of referral and screening assessment service that would allow signposting of self referral clients to OPMH services Note – this should act to supplement existing care pathways not replace them
PBC Leads could be:	<ul style="list-style-type: none"> Considering recommendations inc: the development of integrated community MH teams Seeking support from Director of Commissioning and Director of Public Health for a rational understanding of Pbc locality demand and equity of resource distribution Ensuring the maintenance of integrated health and social care MH teams in all localities Scoping out (within their partnership framework) development of enhanced: <ul style="list-style-type: none"> MH liaison services to acute health care services Dementia care services, (including memory assessment services) consistent with the national Dementia Strategy
Workforce planners could be:	<ul style="list-style-type: none"> Examining recommendations and analysing workforce implications including locality mental health team and care coordinator role
Directors of Finance could be:	<ul style="list-style-type: none"> Assessing the financial implications of local plans in response to pathway recommendations and ensure appropriate provision within medium term and operational financial plans. Any impact on providers of changes in care pathways or service provision would need to be appropriately communicated consistent with WCC standards and process and extant contracting arrangements.
Dirs of IM&T could be:	<ul style="list-style-type: none"> Examining recommendations for electronic health record for MH users

This checklist is illustrative and for guidance only.





Collaboratively and Regionally

Delivery will be overseen by a Pathway Delivery Board – as described in chapter on governance arrangements

For Mental Health the chair will be Ailsa Claire Chief Executive at NHS Barnsley. The delivery board will assure:

- (i) The production of a document setting out what should be expected in the next contract round, for commissioners to use. This will incorporate a working definition of what might be meant by 'no waits'.
- (ii) The establishment of peer review to both share learning and audit arrangements.

The clinical lead is Nick Morris, Director of Strategy and Nursing at Bradford District Care Trust, who will oversee progress against the mental health pathway recommendations, act as a champion for the recommendations, advise on delivery processes and encourage regional colleagues to continue to focus and give priority to the mental health recommendations.

Sue Proctor, the SHA's Director of Patient Care and Partnerships, will oversee progress on implementation of the mental health pathway with the clinical lead.

How will we measure success?

7

We have developed a "Healthy Ambitions Dashboard" based on a small number of key indicators which taken together can be used to start to measure the success of the Healthy Ambitions programme as a whole. This is underpinned by trajectories which each PCT will set and which will show the measurable improvements they are making in each pathway area. This will supplement the "vital signs" indicators and trajectories which support delivery of the targets set out in the NHS Operating Framework and the selection of outcome measures which PCTs have included in their strategic plans. All of these measures will feature in PCTs annual operating plans to be agreed with the SHA and be the basis for the SHA's performance management regime.

Recognising that the pathway recommendations are many and various we intend start by tracking progress against the key pathway pledge, which for mental health is to ensure we have no waits for mental health services.

Our pledge in taking forward this pathway will be to ensure we have no waits for mental health services.

We know that this doesn't tackle all the priorities in this chapter. Access to psychological therapies, CAMHS effectiveness, service users in settled employment and accommodation will all be tracked through existing routes. Access to psychological therapies and effective CAMHS are already Vital Signs, whilst a series of standards relating to access to MH assessment and services for people with learning disabilities are contained in the CQUIN measures.

Work is underway to develop key indicators we will track in the "Healthy Ambitions Dashboard". It is likely that we will use the CQUIN measures identified below, although this is subject to final agreement.

- The number and percentage of service users of all ages, requiring non-urgent assessment, who receive face to face contact with a qualified practitioner within 14 days of referral being made
- The number and percentage of service users of all ages, requiring assessment for home treatment or admission, who receive an assessment by a qualified practitioner within 4 hours of referral being made.

Work will then be undertaken to establish baselines for the indicators and by the end of March '09 trajectories for improvement will have been agreed between the SHA and PCTs and will be reflected in annual operational plans.* We intend to publish progress against individual trajectories.

*More details can be found in the performance metrics chapter.