



Health Department
Director of Service Policy and Planning

Dear Colleague

**COMMUNITY HEALTH PARTNERSHIPS (CHPs) AND
INTEGRATED MENTAL HEALTH SERVICES**

Summary

1. The attached advice is to inform the development of local arrangements to deliver the policy objectives of Community Health Partnerships (CHPs) and the Joint Future programme in relation to the provision of integrated mental health services.

Background

2. In response to a priority identified by the National Community Health Partnership Development Group and comments made during the consultations on Community Health Partnerships, a Short Life Working Group was appointed to consider and prepare a core set of principles to help inform local approaches to jointly planned and delivered mental health promotion, prevention and care services. The advice attached is intended to support the aims and expected service outcomes to be set out in the draft Community Health Partnership statutory guidance. The statutory guidance will be finalised and issued in early autumn 2004.

Action

3. Agencies are invited to consider this advice in preparing proposals for local application and delivery of the service and support arrangements for mental health services within their planning processes. Agencies are also invited to submit examples of good practice for publication on the CHP web site (www.show.scot.nhs.uk/sehd/chpdg).

4. This HDL is also available at www.show.scot.nhs.uk

Yours sincerely

IAN GORDON
Director of Service Policy & Planning

25th August 2004

Addresses

For action

Chief Executives, NHS Boards
Chief Executives, Local Authorities
Directors of Social Work/Chief Social
Work Officers

For information

Chief Executive, COSLA
The State Hospitals Board for
Scotland
Chief Executive, Common Services
Agency
Executive Director, NHS Education
for Scotland
Chief Executive, NHS Health
Scotland
Chief Executive, NHS Quality
Improvement Scotland
Secretary, Mental Welfare
Commission for Scotland
Scottish Partnership Forum
CHP Development Group
Appropriate voluntary/professional
organisations

Enquiries to:

Mental Health Division

Phil Harley
Room 2N-08
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2426

Fax: 0131-244 2970

E Mail:

Phil.Harley@scotland.gsi.gov.uk

COMMUNITY HEALTH PARTNERSHIPS
AND
INTEGRATED MENTAL HEALTH SERVICES

August 2004

Executive Summary

This paper sets out advice for the development of local arrangements to deliver the policy objectives of Community Health Partnerships (CHPs) and the Joint Future programme in relation to the provision of integrated mental health services. The approaches set out in this paper are designed to improve access by users of mental health services and their carers to timely, appropriate support, irrespective of whether the service is provided by local authorities, the voluntary sector or the NHS.

The advice in this paper builds upon recent progress across Scotland in the organisation of co-ordinated mental health services and will help formalise joint approaches to mental health services that are already happening locally.

As with all service planning the best results flow from the early and continued involvement of the workforce, the service users and their carers or representatives. Specifically the paper:

1. Sets out key criteria for effective delivery of mental health services;
2. Envisages CHPs as the central focus within the NHS for partnership working in the planning and delivery of integrated mental health services;
3. Makes a case for local management of integrated NHS and local authority mental health services, normally through CHPs, within the context of a wider Mental Health Partnership which brings together CHPs within the area of an NHS Board;
4. Sets out the proposed functions of such a Mental Health Partnership and its role in the management of tertiary services;

Introduction

This paper offers guidance for the integration of local authority, NHS and voluntary sector mental health services within and across CHPs. The guidance is founded on the benefits of jointly agreed local strategies with Managed Care Networks to agree clinical protocols, and acknowledges Joint Future principles and the draft guidance for CHPs.

This paper applies to mental health services, including support for children, young people, adults and older people, and is relevant for local implementation of the recommendations on integrated approaches made in the SNAP report on child and adolescent mental health¹.

Other relevant documents dealing with older people issues and care approaches are imminent and will need to be taken into account, namely the *Joint Services Framework for Older People*² currently out for consultation and the coming guidance and advice from the Short Life Working Group on Dementia.

Key Criteria

CHPs offer an opportunity to strengthen organisational arrangements that are focussed on local service delivery to promote improved joint working among local authority, NHS and voluntary sector agencies.

The draft statutory guidance for CHPs³ envisages a role for CHPs in integrating mental health services. This integration will require joint services and a shared responsibility by all partners for improving mental health and wellbeing.

Integrated mental health services should simplify both the initial access to services and the subsequent transfers between services. They should streamline the patient's pathway of care. To achieve this, integrated services:

- should be designed around the needs of service users and their carers, who should be involved at an early stage with frontline staff in the design of such services;

¹ Public Health Institute for Scotland, *Needs Assessment Report on Child and Adolescent Mental Health: Final Report*, 2003 <http://www.phis.org.uk/pdf.pl?file=publications/CAMH1.pdf>

² *Better Outcomes for Older People*, <http://www.scotland.gov.uk/consultations/social/boop-00.asp>

³ <http://www.show.scot.nhs.uk/sehd/chp/index.htm>

- should facilitate initial access, and should promote care in the community wherever practicable ahead of hospital admission, for example by enabling faster discharge from hospital;
- should have a planned, tiered service for psychological interventions with clear pathways, agreed guidelines, competencies and routine outcome measures;
- should demonstrate a commitment to quality improvement, as set out by national organisations such as the Care Commission and NHS Quality Improvement Scotland;
- should offer robust, reliable and safe arrangements for people with mental health problems based on shared assessments of need and management of risk;
- should share information, which will require a joint willingness to acquire and use common information about service activity; and
- require a workforce with the skills necessary to meet the care needs of service users and their carers.

As a minimum, local management arrangements for integrated services (normally a CHP) would be expected to ensure:

- urgent access to 24-hour specialist assessment whether directly or by referral from primary and community services;
- links to outreach services which seek out unmet needs, and in doing so help prevent crisis, reduce risk and relapse;
- early intervention services which help prevent or anticipate a crisis or provide prompt support to those in crisis; and
- access to inpatient facilities consistent with the Mental Health (Care & Treatment) (Scotland) Act 2003 in terms of the principles of reciprocity and care in the least restrictive setting, and to meet the needs of particular care groups including older people, children and young people and mothers with a perinatal mental illness in appropriate surroundings.

CHPs and the Mental Health Agenda

To deliver better integrated mental health services CHPs should:

- contribute to the development of, and operate within, national and local mental health strategic frameworks;
- have delegated decision making powers, financial and other resources from NHS Boards and local authorities;
- establish a baseline of existing services, having regard also to services provided by the voluntary sector and by carers, and develop a joint strategy to address any existing service gaps;
- involve service users and carers in decision making;
- have access to specialist advice; and
- develop a range of management information about services with appropriate service improvement objectives, including monitoring arrangements to inform the local Mental Health Partnership (see later references) on progress and improvements.

In relation to children and young people, CHPs should:

- recognise the need for integrated and holistic approaches as set out in *For Scotland's Children*⁴;

and in relation to older people, CHPs should:

- recognise the issues as set out in *Adding Life to Years - Report of the Expert Group on Healthcare of Older People*⁵.

Local improvement targets for joint local authority, NHS and voluntary sector mental health services should be included in the Extended Local Partnership Agreements between local authority and NHS partners, with progress reported through the Joint Performance Information and Assessment Framework.

⁴ *For Scotland's Children – Better Integrated Children's Services*, Scottish Executive (2001) <http://www.scotland.gov.uk/library3/education/fcsr-00.asp>

⁵ *Adding Life to Years - Report of the Expert Group on Healthcare of Older People*, Scottish Executive (2002) www.scotland.gov.uk/library3/health/alty-00.asp

Organisational approaches

In recognition of the role of CHPs in the planning and provision of integrated mental health services, there is a strong argument for all CHPs within each NHS Board area to come together to develop a shared strategic approach.

Where CHPs and/or local authorities cross NHS Board areas, then NHS Boards should agree (in consultation and agreement with the councils and CHPs) to delegate the relevant mental health functions and resources to one NHS Board.

It makes sense for each NHS Board to have an officer with responsibility for implementing integrated mental health services locally.

Each NHS Board area should establish a Mental Health Partnership with members drawn from the constituent CHPs, local authorities, the voluntary sector, and service users and carers. These Partnerships should be responsible for planning and resourcing mental health services and for delegating resources to integrated mental health groups within CHPs.

Each Mental Health Partnership should:

- provide leadership and adopt effective governance and risk management arrangements for delivery of the strategic framework;
- devolve service planning and provision arrangements to CHPs within agreed outcome and service improvement targets;
- avoid disconnected specialist services by managing community, primary and secondary mental health services;
- give attention and allocate resources to health promotion and social inclusion priorities. A resource pack, called *Community Health Partnerships: Mental Health Promotion and Prevention*, is in preparation and will issue in the autumn;
- provide the necessary financial and other resources for planning and service redesign;

- ensure linkages to appropriate Managed Clinical or Care Networks, which might be established to promote service redesign or a shared approach among mental health professionals, and to relevant tertiary services; and,
- ensure child and adolescent mental health services within CHPs comply with the revised children's services planning guidance, due to be published by the Scottish Executive shortly.

A range of approaches may be adopted to reflect local needs and geography. It will be for the partners in each area to use this guidance as a basis for agreeing the most appropriate organisational structure to deliver the best improvements in outcomes for the users of services and their carers. The same consideration applies for local agreement on lines of accountability and monitoring arrangements.

Good practice examples will be published in due course on a Scottish Executive website to complement this guidance. Details will follow.

Schemes of Establishment/Single Systems Working

NHS Boards, in discussion with their local partners, will be expected to describe in their schemes of establishment (for CHPs) how they intend to develop mental health services, with maximum integration of services and involvement of professional staff, at CHP level.

ANNEX

The following list is not exhaustive but offers a range of services that CHPs could reasonably be expected to provide, co-ordinate, or jointly manage/resource using shared information within CHPs.

Existing Joint NHS/Local Authority services

- joint mental health and community care teams
- joint hospital discharge arrangements
- joint supported accommodation models
- joint crisis response services
- joint out-of-hours services
- services for people with substance misuse and alcohol problems

NHS services

- general adult and old age psychiatry services including inpatient admissions, continuing care and rehabilitation services
- primary care adult and old age mental health/dementia services (GPs, counsellors, Community Psychiatric Nurses, psychologists, Occupational Therapists, Allied Health Professionals etc)
- day services
- primary medical services including the GMS contract
- prescribing
- mental health clinical psychology services
- psychotherapy services
- learning disability mental health
- substance misuse (alcohol/drugs) services
- Child and Adolescent Mental Health Services
- Older peoples mental health services (but would need broader integration to older peoples and frail elderly services generally)
- health visitors and school nurses
- health promotion
- patient/service user involvement services
- carer support services

Local Authority services (or relevant aspects relating to mental health)

- social work services including Mental Health Officers, assessment and care management (community care and children and families), home care and OTs
- Mental Health Specific Grant funded projects
- housing and housing support (Supporting People) services
- residential care/supported accommodation
- day services
- substance misuse (alcohol/drugs) services
- community education
- pre-school, nursery and school education
- New Learning Communities
- health (and wellbeing) improvement resources
- welfare benefits and income maximisation services
- leisure and environment services
- service user involvement services
- carer support services

Voluntary Sector services

- supported accommodation and housing support services
- health and community care services
- specialist mental health, drug and alcohol support services
- child and parenting support services
- services in support of recovery and mental wellbeing

Other Partner services

- carers organisations and carer support services
- employment services
- Citizen's Advice

Close links to

- advocacy
- police and criminal justice workers
- the Children's Hearing system
- acute hospitals including accident and emergency