LUTON BOROUGH COUNCIL

HOUSING AND SOCIAL SERVICES DEPARTMENT

BEST VALUE REVIEW OF SERVICES FOR PEOPLE WITH MENTAL HEALTH PROBLEMS AND SERVICES FOR PEOPLE WITH DRUG AND ALCOHOL DEPENDENCY

SUMMARY REPORT (FINAL DRAFT)

JULY 2003

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Introduction

1.1 The Best Value Review of services for working age people with mental health problems and for people with drug and alcohol dependency has been carried out in Luton over the last two years.

1.2 The Review has covered all services directly provided by Luton Borough Council and those outsourced and provided under contract or service level agreements by voluntary, independent or private organisations.

1.3 This report draws on a series of more detailed reports that have been produced during the Review as follows:

- Scoping Report produced in July 2001
- Vision Report produced in November 2002
- Benchmarking Report produced in July 2003

1.4 A number of options are proposed for the future development of the services and an Implementation Plan is put forward.

Aims of the Best Value Review

2.1 The local authority Best Value Review process uses a framework known as the "4 Cs". This process seeks to apply the following tests to all services:

Challenge: why is the service provided at all, why is it provided in this way?

Compare: how does the performance of one local authority compare with others in terms of outcomes and how it goes about achieving these?

Consult: what do local people (users, carers and others) really think about services and how they are delivered?

Compete: are there benefits to be gained in terms of quality or cost in getting other providers to take over services?

2.2 In Luton the Council has identified a number of aims for the Best Value Review of mental health services:

- to achieve a significant improvement in the cost and quality of the service through step change while meeting NSF Standards
- to subject to thorough scrutiny areas of service provision and contract performance and to challenge these areas in respect of value for money
- to examine provision for black and minority ethnic (BME) service users, particularly advocacy and bilingual provision in residential services, and ensure BME users needs are built into commissioning arrangements
- to assess options for integrated or "pooled" arrangements with the Primary Care Trust (PCT) and National Health Service (NHS) Trust

Context of service provision within Luton

3.1. The Scoping Report set out the Corporate Priorities of the Council and considered the way in which mental health services contribute to their achievement.

- *Ensure life long learning opportunities for all Luton citizens and invest in the education and development of the town's young people.*

Untreated drug, alcohol and mental health problems can prevent or delay people's education and development. Accessing services and learning opportunities help to build self-esteem and coping skills. As such it is intrinsic to the effective treatment for mental health problems and drug and alcohol dependency. Day and residential services provide a range of learning opportunities from shopping, cooking and budgeting to social skills, catering skills and qualifications. They can provide access to other vocational/occupational experiences and links to educational courses.

Links to the pastoral care system at Luton University helps to identify and support students with mental health problems.

- *Enhance the quality of life and environment to ensure equality of opportunity and social inclusion for all Luton citizens*

Identifying and actively engaging with those who need services will reduce the level of disturbance and risk to the public arising from mental health and drug and alcohol problems. The interests of service users are promoted by ensuring they are informed of their legal rights, have access to adequate accommodation and are supported in seeking appropriate financial resources. In addition, they are assisted in gaining access to social networks, leisure facilities, and occupational opportunities. In partnership with housing associations, supported housing is provided and there are established links with services for homeless people.

- *Provide community leadership and work in effective partnership with any common interest*

Partnership working is formally required by government policy and reflected in the joint planning arrangements with other statutory agencies. Community Leadership has been effective in responding to the concerns of the local African-Caribbean community by establishing effective dialogue about needs and supporting specialist services for the community. Funding agreements and effective joint working support services provided by the independent and voluntary sector.

- *Consult and empower citizens to ensure their active participation planning and providing services*

This is an intrinsic part of the assessment and care management process. Service users and carers are encouraged to express their views about which are these are recorded in the assessment, and to sign the care plan and keep a copy. Consultation exercises have taken place with stakeholders as part of the National Service Framework implementation plan. Independent Advocacy services are supported by the Council, including one specifically for the Africa-Caribbean community.

"Capacity Building" initiatives to provide the resources, training and support for full participation in the planning and provision of services are being undertaken in partnership with other providers. Opportunities are being identified to provide information and training to user groups about the Joint Assessment and Care Planning policy and audit process. It is intended that a User Development Worker will be jointly funded and recruited to establish a Mental Health Service User Forum

and enable users to participate. Support from Health Action Zone Network provides a wider platform for users to engage in the debate about service development.

- *Provide best value services appropriate to each individual citizens needs to embrace the use of technology to enhance access to services*

Value for money is sought with each individual care package and service level agreement. Integrated teams reduce fixed costs and break down barriers to provide "seamless services". Access to services is already assisted through use of mobile phones, fax and e-mail. Integrated electronic records are being developed with health as part of the Mental Health Information Strategy underpinning the National Service Framework implementation plan

- *Promote and maintain Luton's interests at local regional, national and international levels, and to work in partnership with others to regenerate our town and promote economic and sustainable development.*

Mental health services provide employment and training opportunities for the local workforce and contribute to the overall provision of 'quality' public services to make Luton an attractive environment for employers and employees. In addition, there is capital investment in renovating housing stock for local mental health users. Luton is represented at regional Department of Health planning forums.

- *Involve and develop and train our staff to maximise their potential and deliver a quality service*

As part of the National Service Framework underpinning strategy a 'whole systems' approach is being taken to develop a workforce planning strategy with other mental health agencies and Bedfordshire County Council to ensure adequate supply and retention of skilled staff. In house and joint training needs with partners are identified and provided for through the annual training plan. In 2000/2001 £31,000 was invested in staff training.

Key Issues for the Best Value Review

4.1 The following key issues were identified in the Scoping Report and by the Best Value Panel overseeing the Review process.

- **Integration of Health and Social Care Commissioning and Provider Services.** This is a key part of the National Service Framework change agenda and the means by which the government envisages organisational obstacles to more effective services will be overcome. It will be necessary to evaluate how well positioned the Mental Health Social Services are to move towards single agency working, as well as identifying the pros and cons of a single agency. The most appropriate lead agency in different service areas must be made clear. The priority must always be the quality of service provision.

  Work carried out by Sainsbury Centre for Mental Health in 2001 developed options for commissioning and a review by the Kings College Institute of Applied Health and Social Policy in 2002 and published in January 2003 recommends options for agencies involved in providing mental health services.

- **Commissioning/Purchasing Strategy for Day Services and Supported Employment**. An estimation of a serious under-provision of services in this area needs to be evaluated, as well as the ability of current services to achieve effective outcomes for users. A 'whole' systems approach is planned with participation of the Bedfordshire and Luton Community NHS Trust and voluntary providers. Service Level Agreements should address Value For Money priorities.

- **Commissioning/Purchasing Strategy for Residential Services.** Current evidence suggests

- gaps in provision of 24 hour staffed residential care, as an alternative to hospital admission, and supported accommodation to enable people to live as independently as possible. There are opportunities to reduce costs of inpatient care and residential care and to strengthen community resources through investment in Crisis House facilities; Home Treatment and Intensive Home Support; providing a better mix of supported housing, and a 'Floating Support Team' to provide a flexible response to residents in Council accommodation. Service Level Agreements should address Value For Money priorities.

- **Carers Services**. Social Services have the lead responsibility for meeting this target of National Service Framework service standards.

- **Services for BME Service Users.** In particular, the Council wish to improve the availability of and access to interpretation services and to ensure that services are delivered with sensitivity to and respect for the cultural and religious needs of service users.

Targets

5.1 The following targets have been identified through work carried out to produce the Draft Vision Report and in consultation with a group of stakeholders representing LBC social services and health service commissioners and providers.

A. Integration of Health and Social Care Commissioning and Provider Services

A.1 to have in place an Agreement of Intent and an organisational strategy for the achievement of integrated commissioning and management of services by 2003/4

A.2 to have implemented a fully integrated model for provision of health and social care services by April 2005

A.3 to have a pooled budget with the PCT for residential and nursing care, a joint commissioning strategy and to have removed delays in funding and placement for all residential and nursing care placements by 2004

A.4 to have in place an Early Intervention Team with 45 people receiving support by December 2003 and 70 people by April 2006

A.5 to have achieved the target of 67 users receiving Assertive Outreach services by 2004, 74 users by April 2005 and 87 users by April 2006

A.6 to provide weekend cover through 24 hour cover through a Crisis Response Service by April 2005

A.7 to achieve and maintain a reduction in the psychiatric readmission rates within a 28 day period to below the national average of 6.1%.

A.8 to increase the number of people successfully treated and retained in drug and alcohol residential rehabilitation placements by 50% by March 2005

B. Commissioning/Purchasing Strategy for Day Services and Supported Employment

B.1 to improve the systems for strategic planning between Bedford and Luton Community NHS Trust (BLCT) and the Council.

B.2 to produce a joint strategy for social day care by March 2004

B.3 to participate in the review of the acute day care provision by BLCT

B.4 to provide, with the BLCT, women only community day services in line with NSF requirements, by April 2004

B.5 to increase the range, accessibility and choice of therapeutic, social and recreational, cultural activities for users

- increase number of users and sessions provided by 50% by 2006

B.6 to increase the range, accessibility and choice of vocational rehabilitation opportunities for users

- increase the number of users in open or supported employment

- reduce the number of users who lose their jobs/become economically inactive as a result of their mental illness

- develop ways to measure these

C. Commissioning/Purchasing Strategy for Residential Services

C.1 to develop a strategy for the development of residential care and accommodation services that are compliant with the NSF

C.2 to establish a system of integrated management of resource allocation

C.3 to introduce a pooled budget for residential services between Luton Borough Council and the PCT by March 2004

C.4 to remove delays in funding of placements by December 2004 in line with Delayed Transfer of Care and performance targets for social services

C.5 to reduce the gross expenditure on long term residential and nursing care in line with the Supporting People strategy, while ensuring costs remain competitive, sustainable and offer value for money

C.6 to develop supported housing as an alternative to institutional services

C.7 to have increased the numbers of people with mental health or drug and alcohol needs receiving supported housing by 50% from 2001/2 level by 2004/5

C.8 to provide respite and crisis care places to prevent admission to long term care and to support carers

D. Carers Services

D.1 to produce a joint strategy between BLCT, LBC and the Luton PCT addressing the role of carers and ensuring links to the Care Programme Approach

D.2 to establish a system to support the involvement of carers in care planning and service development

D.3 to establish primary care support for carers, providing access to counselling, health promotion advice and referral to LBC as appropriate

D.4 to increase breaks available to carers and strengthen carer support networks to the benefit of 525 carers of people on CPA in Luton

D.5 to complete 350 carers' assessments by March 2004 and 525 carers' assessments by March2005

D.6 to provide 71% (249) of carers with an active care plan by March 2004 and 99% (520) of carers with an active care plan by March 2006

D.7 to enhance services for carers by the provision of:

- a carers' information pack for all carers by 2003/4

- an education and support package for carers by 2004/5

- a mental health carers' support group and self help network by 2004/5
- a dedicated carer support worker able to provide carers breaks by March 2004
- 600 hours of carers' breaks provided in 2004/5

E. Services for BME service users

E.1 to identify key findings of previous work considering the needs of BME service users and develop a strategy for their implementation

E.2 to share information available about BME service users across health and social services

E.3 to produce a vision statement for the provision of services for BME service users

E.4 to engage with local communities about mental health issues

E.5 to establish a network of advocates and interpreters with the aim of achieving 24 hour access

E.6 to establish a system to support the involvement of BME service users in service planning

E.7 to improve access for BME service users to alternative treatment approaches including counselling and psychological interventions

E.8 to ensure that Service Level Agreements address the specific needs of BME service users requiring residential and day care services

Market Analysis

Statutory Role and Responsibilities

6.1 The statutory duties of local authorities to provide services for people with mental health problems are to be found within a range of welfare legislation, most notably:

- National Assistance Act 1948
- Mental Health Act 1983
- NHS and Community Care Act 1990
- Carers Act 1996
- Carers and Disabled Children's Care Act 2000

These confer a duty on local authorities to assess the needs of people with mental health problems and cares who appear to need personal social care services, and to provide/purchase a range of residential, day and home support services to meet essential needs. There is also a responsibility to monitor and review services provided.

6.2 Other responsibilities include:

- to provide social work support to people with mental health problems and carers
- to employ sufficient Approved Social Workers (ASW) to provide a 7 day a week assessment and emergency service under the Mental Health Act 1983
- to provide, jointly with health authorities and in cooperation with relevant voluntary organisations, after care as required by Section 117 of the Mental Health Act 1983
- to have in place published policies and arrangements for guardianship under the Mental Health Act 1983
- to liase with health authorities implementing integrated assessment and care planning arrangements
- to register and inspect residential care homes (not part of this Best Value Review)
- to agree with the relevant authority a Community Plan to meet the social care needs of residents
- to inform the housing strategy of the local authority so that additional needs that arise from community care are taken into account

National Policy Objectives

6.3 The Government's modernisation agenda for public services sets out to build systems based on partnerships and driven by performance targets and measures. The aims are to tackle the root causes of ill health, reduce social exclusion and make services safe, accessible and convenient for the public.

6.4 Local councils are required to produce Corporate Plans that reflect the council's corporate objectives and Best Value Reviews of services to demonstrate how Best Value is achieved in carrying out their responsibilities. Standards of performance within social services are measured through a detailed set of performance indicators known as the Performance Assessment Framework (PAF) and assessed annually by the Social Services Inspectorate (SSI).

6.5 Government-wide policies aimed at promoting independence, such as *Welfare to Work* and *New Deal for Communities*, provide opportunities to promote mental health and individual well-being and reduce discrimination against people with mental health problems. These policies need to be implemented through multi-agency strategies and action plans to be effective. There are also expectations that unified commissioning structures and integrated provision will be agreed locally with Health Trusts and Primary Care Trusts.

6.6 For mental health services, the Government has sought to address what it perceives to be a nation-wide failure of community care for adults with severe mental illness. In the White Paper *Modernising Mental Health Services* (1998) they set out a vision of "safe, sound and supportive" mental health services. The National Service Framework for Mental Health (NSF) was published in 1998 and translated the Government's vision into a clear set of quality and performance standards. A brief summary of the NSF is attached to this document as Appendix A.

6.7 In order to achieve the national standards, the Government required local health and social care communities to set up a Local Implementation Team (LIT), assess mental health needs, assess local mental health provision against the standards and produce a development strategy, concentrating on the most significant local pressures and gaps. Local Implementation Teams were required to produce a final strategic Local Implementation Plan (LIP) for the implementation of the NSF by April 2000.

6.8 The National Health Services Plan in 2000 added to the NSF requirements. The Government places great emphasis on the promotion of independence and social participation of service users. Supporting people in their own homes is a key part of this agenda.

6.9 Mental Health Policy Implementation Guidance published in 2001 provide detailed service specifications to reinforce and support the partnership required between health and social services in order to fulfil the Government's vision for improved mental health services. Integrated services and commissioning arrangements with health trusts are now recommended service models. It is likely that these developments will be further underpinned by new legislation to replace the 1983 Mental Health Act.

6.10 The Carers and Disabled Children Act 2000 came into effect from 1 April 2001. The key provision of the Act establishes a duty to assess all "substantial and regular carers" and introduces a range of powers to increase the flexibility of support local authorities can offer to them.

Provision of services within Luton

7.1 The Sainsbury Centre for Mental Health undertook a Locality Profiling Exercise in July 2000. This work provided valuable information for use by the LIT in service planning.

7.2 Population data was weighted to reflect deprivation indices associated with the likely occurrence of mental illness using the York Psychiatric Index (YPI). A high YPI score indicates greater apparent need for mental health services. Where possible, services were benchmarked against other localities in England, where similar exercises have been carried out.

7.3 Luton's population of 15-64 year olds in 1999 was estimated at 125,851. Based on Luton's average YPI of 105.9 and an incidence of severe and enduring mental illness of 3.2 per 1000, it is estimated that Luton could expect to have a population of 426 people with severe and enduring mental illness.

7.4 Data from the benchmarking exercise of this review indicates that in Luton spending on mental health services accounted for 3% of gross social services expenditure in 2000/01. This compares to a national figure of 5%. Luton also has one of the lowest personal social services mental health budgets per person when spending is analysed in relation to the adult population.

7.5 The SCMH benchmarking information indicates that Luton is under-provided by services in several areas, compared to about 20 authorities of 50 localities for which data has been collected. Details of comparative data about staffing levels are provided in Fig 1 below.

Fig 1 FTE STAFF PER 100,000 – WEIGHTED POPULATION

	LUTON	SAINSBURY CENTRE DATABASE AVERAGE
Consultant Psychiatrists	2.44	3.69
Community Psychiatric Nurses	9.60	17.95
Social Workers	12.76	10.35
Support Workers	11.26	14.53

7.6 Within day services, Luton has an average of approximately 46 NHS places and 30 local authority places per day. Using the SCMH benchmarking information this seems to represent a relatively low level of overall provision across the benchmarked authorities with 57.03 places per 100,000 weighted population overall compared with an average of about 120 per 100,00 For local authority places Luton provision was 22.5 per 100,000 compared with an average of 55 per 100,000.

7.7 Evidence gathered during the production of the Benchmarking Report for this Review found that the number of places did not compare unfavourably with Bedford provision, although the percentage of the MH budget spent on Day Care services by Luton council is lower than average.

7.8 The Bedfordshire and Luton Community NHS Trust (BLCT) provide day services at Biscot House and the Lewsey Farm Project. Biscot House provides activities to

develop daily living and social skills as well as some educational classes run by tutors from Barnfield College, on site and at Charles Street.

7.9 Day services for people with drug and alcohol dependency are provided by several voluntary organisations locally.

7.10 NOAH (formerly Luton Day Centre for the Homeless) provide day activities and supported employment and training opportunities

7.11 Other supported employment services are provided by the social services Supported Employment Team and ACE Enterprises.

7.12 Residential services are spot purchased from the private and voluntary sector by both health and social services. BLCT has recently opened a directly managed respite service for people who have serious drug misuse problems in Luton, in response to local needs.

7.13 Supported housing is provided by a range of voluntary organisations locally and two private providers. Recent changes to the means of financing supported housing as a result of *Supporting People* has meant that this type of provision has now moved from the mental health budget and is financed through the Supporting People Grant.

7.14 The SCMH work indicated that there was an overall low level of provision within Luton for group homes with access to visiting/on call staff, individual supported tenancies and waking staffed residential care. There is a corresponding high level of provision of 24 hour nursed care/ long stay NHS services.

7.15 Service Level Agreements (SLA) are in place for all services commissioned from external providers. All SLAs address quality standards and these standards are monitored regularly. The Best Value Review has enhanced the monitoring focus on value for money and service development needs. As a result of the Best Value Review process, a decision was made to withdraw core funding of £7,000 per year form a residential rehabilitation services for people with alcohol dependency as this was not considered to be providing value for money.

7.16 Care management is the key process that delivers services to people, supported by other financial and quality processes. The effectiveness of mental health services is dependent on its efficient operation.

7.17 The assessment and care management process for mental health service has been subject to a policy framework since 1991, known as the Care Programme Approach (CPA). This is designed to provide effective care coordination across all disciplines and agencies involved in meeting the needs of people with a mental illness. The CPA system will include all those with a dual diagnosis MH / substance misuse from March 2004. A new integrated care coordination system for people with complex substance misuse needs will be introduced by March 2004.

7.18 The standards set for CPA are detailed and guidance has been issued by the Department of Health. Features of a truly integrated system of CPA and care management include:

- a single operational policy
- joint training for health and social care staff
- one lead officer for care coordination across health and social care

- common and agreed risk assessment and risk management processes
- a shared information system across health and social care
- a single complaints procedure
- agreement on the allocation of resources and where possible devolved budgets
- a joint serious incident procedure
- one point of access for health and social care assessments and coordinated health and social care

7.19 Currently in Luton, the CPA systems in operation within health and social services do not have integrated procedures for dealing with complaints or serious incidents. There is no shared information system or one point of access for assessments and services. A project is currently working to create integrated electronic information systems by March 2004.

7.20 Data collected for the PAF indicates that local performance in relation to carer assessment is poor. Luton recorded that assessments of informal carers accounted for only 10% of the total numbers of clients and carers receiving assessments in 2001/02

7.21 The Luton Health Action Zone commissioned research to address ways of improving mental health service provision for the African Caribbean community and to identify the need and form of mental health advocacy services for the Pakistani-Kashmiri ethnic group in Luton. This work was carried out by researchers from the London School of Economics and published in 2001. It revealed that there were marked differences in people's opinions within and between the relevant groups of interest – statutory, voluntary, users and carers, and lay people.

7.22 The main findings of the research were:

- mental health promotion campaigns are urgently needed in the community
- ethnically specific services and high quality cultural competence training are required
- community capacity and solidarity building measures are needed to provide a basis on which participation can be built. The council needs to visibly demonstrate its commitment to partnership
- improved mental health advocacy services are required and should form an integrated part of the whole mental health care delivery and health promotion system

7.23 Luton has developed two specialist community support services for people with mental health problems. Ashanti provides support for African Caribbean service users and Roshni offers support for Asian service users. These services provide both individual community support to people in their own homes and some group activities during the day at Ashanti House. Ashanti was highlighted in the LSE study as an example of positive practice with particular strengths in responding to the need of the local community and the ability to engage with hard to reach service users.

Options Analysis

8.1 Services within Luton are provided through a mixed pattern of local authority, health and voluntary services. Local voluntary providers develop and are often shaped in response to local needs. As such they are not easily replaced, nor is there a large pool of national providers able to respond to this kind of need.

8.2 National priorities reinforce partnerships between health and social services in the commissioning and provision of services for people with a mental illness and substance misuse. Guidelines for the implementation of the Mental Health National Service Framework and Models of Care for substance misuse services have resulted in the identification of clear priorities for the future development of local services and detailed plans for addressing them.

8.3 The Institute of Applied Health and Social Policy at Kings College London (IAHSP) were commissioned by BLCT to develop a model for mental health services across Bedfordshire and Luton. Implementation of the NSF needed to be expedited and the Trust needed to have a clear view of its future organisation and the best configuration for its core services.

8.4 The project was conducted in partnership with the Primary Care Trusts and social services. A multi-agency group steered the work and the team published their report in January 2003.

8.5 IAHSP recommended that the agencies involved in commissioning and providing mental health services together should address the following issues:

- develop a shared vision for mental health underpinned by some jointly agreed values
- progress joint commissioning arrangements via two Partnership Boards reporting to the Local Strategic Partnerships
- reorganise provider management so that services are managed within PCT based localities from April 2003 and are under single management up to the level of Locality Directors
- establish single management arrangements for all teams still without it
- ensure management capacity for meeting the partnership and implementation agenda
- develop an implementation strategy for the service model that takes account of the need to:
    - strengthen leadership, champion new style services and set up arrangements to expedite service development
    - review and re-energise existing teams/services in terms of future vision, ensuring that they have adequate infrastructure and actively promote their development
    - explore new approaches to recruitment, looking at employing people with mental health problems and recruiting from local ethnic communities at all professional levels

- invest in organisational development across the whole matrix of services

- plan for the training and development needs to meet new ways of working

- communicate service changes regularly and effectively with front-line professionals across the agencies, relevant community organisations and users and carers

- re-energise care management – review implementation of CPA policy and consider training and IM&T needs to support effective care management as a foundation of good care

- develop information about local mental health and other resources to support mental health professionals , users and carers.

8.6 Further recommendations are made about a future model for other service areas including:

- primary mental health care
- early intervention in psychosis
- Community Mental Health Teams
- assertive outreach
- acute/crisis system
- day services

8.7 The Bedfordshire and Luton LIT produced a work plan to address the local modernisation review (LMR). This process identified 26 deliverables that were further analysed to identify those that would require additional investment and those that may lend themselves to service redesign. A number of are essential in order to meet the NSF standards.

8.8 It is clear that the modernisation agenda requires social services and health to work in partnership to ensure the effective delivery of mental health services. Development work needs to be undertaken with Luton PCT to agree formal local joint structures to support effective commissioning of mental health services. Similar work will have to take place with BLCT to develop new models of service delivery as required by the NSF and to achieve integration of provision of mental health and substance misuse services.

8.9 Three options have emerged for the future provision of mental health services in Luton.

Option 1

8.10 A first option is to seek to address the under funding of mental health services in Luton as evidenced in the Benchmarking exercise. Service developments required by the modernisation agenda would be met in full with the establishment of new teams addressing Early Intervention, Assertive Outreach and Crisis Response.

8.11 Investment in primary care and Community Mental Health Teams (CMHT) is necessary to fully meet the new models of service provision, prevent admission and

facilitate discharge. These would require the appointment of an extra 6 (FTE) social workers (£200,000), 2 (FTE) community support workers (£45,000) specifically for the Early Intervention Team and 2 (FTE) administrative support workers (£35,000).

8.12 The development of specialist provision for women and for BME service users is seen as a priority locally and nationally. To achieve this requirement it would be useful to appoint dedicated project workers to progress work in each of these areas (£ 50,000). Similarly, a dedicated carer support worker should be appointed (£20,000).

8.13 Benchmarking of day services has demonstrated a lack of provision in Luton. It is unlikely that new providers will be found easily and so there will be a need to work with existing providers to support them in developing greater and more varied provision according to need. Further work is necessary to analyse more precisely the level and range of services required, however it is likely that increased investment in day services is necessary to redress the current under-provision (£100,000)

8.14 Closer collaboration with health should lead to more appropriate and co-ordinated commissioning and purchasing of residential care. It is envisaged that such an approach, including pooled budgets, would reduce delays in accessing funding and places. Changes in funding arrangements as a result of Supporting People have led to the "freeing up" of approximately £230,000 and this money should be reinvested within residential services in order to seek to address gaps in provision. There would be costs incurred in the management of the pooled budget, although these would be shared with health.

8.15 Spot purchasing of residential care ensures that services are provided to meet the particular needs of individual service users and this system would continue under this option. Increased funding for residential services is necessary in order to address pressures within this budget in 2002/3 (£50,000)

8.16 Although Option 1 would support the achievement of all targets identified in the Draft Vision Report and reviewed in Section 5, it requires much additional investment by the Council. The total cost of the measures proposed above would be in excess of £450,000. These costs do not include capital costs for new accommodation required for new teams or costs incurred in the management of increased resources. Performance against key DOH targets on care packages would be likely to improve, although unit costs are likely to rise.

Option 2

8.17 A second option seeks to address under-investment in mental health services by ensuring that current resources are used most effectively to benefit service users and to achieve the requirements of the modernisation agenda.

8.18 Development work should be undertaken with Luton PCT and BLCT to identify joint structures to support effective commissioning and delivery of mental health services for working age adults.

8.19 The development work will identify resources necessary to implement any required changes and existing resources would be reconfigured in order to establish new service teams as required by the modernisation agenda. It is likely that additional resources would be necessary to ensure that these teams would be most effective.

It is anticipated that 3 (WTE) additional social worker posts would be required (£100,000).

8.20 In order to develop increased provision of supported housing, it is proposed that 3 (WTE) community support workers (£70,000) would be appointed to provide "floating support". Changes in funding arrangements as a result of *Supporting People* have led to the "freeing up" of approximately £230,000.

8.21 Closer collaboration with health should lead to more appropriate and co-ordinated commissioning and purchasing of residential care. It is envisaged that such an approach, including pooled budgets, would reduce delays in accessing funding and places. Spot purchasing of residential care ensures that services are provided to meet the particular needs of individual service users and this system would continue under this option for as long as necessary. Increased funding for residential services is required in order to address pressures within this budget in 2002/3 (£50,000)

8.22 The reconfiguration of Community Mental Health Teams will provide an opportunity to review provision of support to women and BME service users and to carers. The cost of this reconfiguration will be in the region of £10,000 to meet additional administrative requirements. This will ensure that services are appropriate to specific needs and accommodate the development of partnerships with relevant groups to support future provision.

8.23 Option 2 seeks to address all the targets identified in the Draft Vision Report and reviewed in section 5 of this document. A planned and systematic approach to closer working with health, in line with the requirements of the modernisation agenda, will ensure that best use is made of resources. By targeting resources more effectively, reducing duplication and improving assessment processes performance against key DOH targets will improve. Some additional resources are required to address areas of need already identified and these are expected to amount to £230,000. However, these costs are offset by the "freeing up" of £230,000 through the Supporting People Grant.

Option 3

8.24 A final option is to seek to meet the requirements of the modernisation agenda within existing resources. As in Option 2, a joint review would be carried out with health colleagues to identify new integrated models for commissioning and provision of services.

8.25 Following the review, existing resources would be reconfigured to address the requirements of the modernisation agenda. No further resources would be made available to meet any shortfall in provision identified in the review.

8.26 Work to address the needs of women and BME service users and carers would have to be accommodated within current workloads.

8.27 Residential provision would be reviewed with a view to making greater use of block purchasing. This would achieve savings on unit costs that could be used to increase the number of places available. However, it is less likely that placements could be tailored to meet individual requirements, including those relating to religion, language and culture.

8.28 The “freeing up” of £230,000 through Transitional Housing Benefit from Supporting People will allow for the extension of provision of “floating support” by the appointment of 1.5 (WTE) community support workers (£35,000).

8.29 It is anticipated that Option 3 would achieve a saving of £95,000 on the current mental health budget. However, it is unlikely that this option would support the fulfilment of the targets set out in the Draft Vision Report and reviewed in Section 5 of this document. The under-funding identified in the Benchmarking Report would not be addressed by this option and it would result in difficulties in achieving the requirements of the modernisation agenda.

It is recommended that Option 2 offers best value for money in support of the key targets identified in the Draft Vision Report and reviewed in Section 5 of this document. It addresses local priorities around social inclusion, equality and sustainability and national priorities identified within the modernisation agenda.

Improvement Plan

9.1 Option 2 seeks to address all the targets identified in the Draft Vision Report and reviewed in section 5 of this document. A planned and systematic approach to closer working with health, in line with the requirements of the modernisation agenda, will ensure that best use is made of resources. By targeting resources more effectively, reducing duplication and improving assessment processes performance against key DOH targets will improve. Some additional resources are required to address areas of need already identified and these are expected to amount to £230,000. However, these costs are offset by the "freeing up" of £230,000 through the Supporting People Grant.

9.2 An Improvement Plan based on Option 2 is set out below.

IMPROVEMENT PLAN FOR RECOMMENDED OPTION (OPTION 2)

Option 2 comprises the following improvement tasks:

1. Undertake development work with Luton PCT and BLCT to identify joint structures to support effective commissioning and delivery of mental health and substance misuse services for working age adults.
2. Ensure good access to services through timely high quality assessment and care management processes
3. Reconfiguration of service teams to ensure that specific needs of women and BME service users, carers and substance mis-users are addressed.
4. Develop supported housing, including the provision of "floating support"
5. Review provision of day services to identify options to increase the range and accessibility services
6. Review spending on residential care to address pressures on 2002/3 budget and to maximise opportunities from partnership with health

IMPROVEMENT TASK	Sub-tasks/detail	CRITICAL SUCCESS FACTOR	RESOURCES (credit/debit)	DEADLINE/ TIMESCALE	CONSTRAINTS	LINK TO VISION TARGETS	PERFORMANCE INDICATOR
1. Undertake development work with Luton PCT and BLCT to identify joint structures to support effective commissioning and delivery of mental health and substance misuse services for working age adults.	- Have in place an Agreement of Intent - Agree an organisational strategy for integrated commissioning and management of services - Implement fully integrated model for provision of services - Pooled budget with PCT for residential and nursing care and joint commissioning strategy - Joint strategy on role of carers	- Agreement in place by 2003/04 - Integrated model in place by April 2005 - Pooled budget in place by 2004 - Joint Strategy on carers in place by 2004 - Vision statement re BME services in place by 2004	Within existing resources	Integration agreed by April 2005	Arrangements with health subject to final agreement with their board	VTs: A1,A2, A3 A.8 C3 D1 E1, E2, E3	

	- Vision statement for provision of services for BME service users - Develop an integrated Mental Health Information Strategy	- Mental Health Minimum Data Set and integrated electronic CPA records by March 2004	£75,000 Capital investment secured	March 2004			

2. Ensure good access to services through timely high quality assessment and care management processes	- Have in place an Early Intervention Team - Increase use of Assertive Outreach Service - Provide weekend cover through Crisis Response Service - Reduce psychiatric readmission rates - Implement service standards for Dual Diagnosis (MH / Substance misuse) - Implement Models of Care guidance for substance misuse - services	- 45 people receiving support from Early Intervention Team by December 2003; 70 people by April 2006 -74 users receiving support fro Assertive Outreach Service by April 2005, 87 users by April 2006 - 24 hour cover through weekends provided by Crisis Response Service by April 2005 - Achieve psychiatric readmission rates within 28 day period to below national average of 6.1% by 2005 - All dual diagnosis clients must be on CPA and have a full risk assessment, and have their substance misuse needs addressed by March 2004 - Agree and implement local care pathways and a care coordination	£100,000 cost for 3 new Social Worker posts	New teams in place by April 2004 24 hour cover available by April 2005	Recruitment difficulties in social services Training needs of MH staff for substance misuse not yet addressed	VTs: A4, A5, A6, A7, A8	PAF (C31) Adults with mental health problems helped to live at home. National Priorities Guidance PAF D.39 % of people receiving a statement of their needs & how they will be met. PAF D.40 Clients receiving a review D.43 Waiting time for care packages PAF A.6 emergency psychiatric re-admissions Number of substance misusers successfully completing treatment plans

		system by March 2004					
3. Reconfiguration of service teams to ensure that specific needs of women and BME service users and carers are addressed.	- Review configuration of CMHTs and substance misuse team - Provide women only community day services - Engage BME communities - Establish network of advocates and interpreters	- CMHTs and substance misuse team reviewed by December 2003 - Women only community day service provided by 2004 - Formal liaison with BME communities in place by	£10,000 cost for additional administration costs arising from reconfiguration	New systems of care planning/ consultation etc operational by December 2003 Carers support work increased to target levels by March 2005	Availability of appropriate individuals to support advocacy network	VTs: A8 B4 D2, D3, D4, D5, D6, D7, E5	PAF (D42) Carer assessments E.46 users who said that matters relating to race and religion were noted

	- Involve carers in care planning and service development - Establish primary care support for carers - Enhance services for carers	December 2003 - 24 hour access to network of advocates and interpreters by 2005 - System established to involve carers in care planning and service development by December 2003 - 350 carers assessments completed by March 2004 and 525 completed by March 2005 - 71% of carers to have active care plan by March 2004, 99% of carers by 2006 - Carers Information Packs available for all carers by 2003/4 - Education and support package for carers by 2004/5 - Mental health carers support group and self help network by 2004/5 - 600 hours of carers' breaks provided in 2004/5					
4. Develop supported housing, including the	- Identify suitable properties	- Number of people with mental	£70,000 cost of new Community	April 2005	Availability of suitable properties	VTs: C6, C7	

provision of "floating support"	- Recruit community support workers	health needs receiving supported housing increased by 50% from 2001/2 level by 2004/5	Support Worker posts				
5. Review provision of day services to identify options to increase the range and accessibility services	- Produce joint strategy for day care - Participate in review of acute day care provision by BLCT - Increase day services available - Increase vocational rehabilitation opportunities	- Joint strategy produced by March 2004 - Review completed - Number of users and day service sessions increased by 50% from 2001/2 level by 2006	Within existing resources	April 2006	Services provided through health subject to agreement by board	VTs: B1, B2, B3, B5, B6	CPA Audit - number of users who have a meaningful occupation CPA Audit – number of users in paid employment
6. Review spending on residential care to address pressures on 2002/3 budget and to maximise opportunities from partnership with health	- Develop strategy for development of residential care and accommodation services - Establish system of integrated management of resources - Remove delays in funding of placements - Provide respite and crisis care placements - Review SLAs to ensure they address priorities and VFM	- Strategy produced and implemented - Extra funding available to address budget pressures from 2002/3 - Budgets pooled - Respite and crisis care places available - All SLAs reviewed	£50,000 cost to address budget pressures from 2002/3 £230,000 saving as a result of Supporting People	April 2004	Pooling of budgets will require approval of PCT board	VTs: C1, C2, C4, C5, C8 E4, E6, E7, E8	PAF (C27) Supported admissions to residential and nursing care PAF (B.15) Unit cost of Residential and Nursing Care

Implementation and Monitoring

10.1 Implementation tasks will be incorporated into service plans, the corporate plan and Best Value Performance Plan and implementation will be led by Paul Jenkins, Head of Adult's Services.

10.2 Staff within Adult Mental Health services will be briefed about the future of the service and the improvement plan.

10.3 Monitoring will be carried out formally by Scrutiny on a 6-monthly basis, using the performance indicators for the Vision targets and the improvement tasks in the Improvement Plan. Performance will also be reported to Executive as part of the reporting carried our for service plans and the Best Value Performance Plan

Appendix A

National Service Framework for Mental Health

Standard One: Mental Health Promotion

Aim
To ensure health and social services promote mental health and reduce the discrimination and social exclusion associated with mental health problems

Health and social services should:

- Promote mental health for all, working with individuals and communities
- Combat discrimination against individual and groups with mental health problems and promote their social inclusion

Standard Two and Three: Primary Care and Access to Services

Aim
To deliver better primary mental health care and to ensure consistent advice and help for people with mental health needs, including primary care service for individuals with severe mental illness

Standard Two

Any service user who contacts their primary health care team with a common mental health problem should:

- Have their mental health needs identified and assessed
- Be offered effective treatments, including referral to specialist services for further assessment, treatment and care if they require it

Standard Three

Any individual with a common mental health problem should:

- Be able to make contact round the clock with the local services necessary to meet their needs and receive adequate care
- Be able to use NHS Direct, as it develops, for the first level advice and referral on to specialist helplines or to local services

Standards Four and Five: Effective Services for People with Severe Mental Illness

Aim
To ensure that each person with severe mental illness receives the range of mental health services they need; that crises are anticipated or prevented where possible; to ensure prompt and effective help if a crisis does occur; and timely access to an appropriate and safe mental health place or hospital bed, including a secure bed, as close to home as possible.

Standard Four

All mental health service users on CPA should:

- Receive care which optimises engagement, anticipates or prevents a crisis, and reduces risk

- Have a copy of a written plan which:

  Includes the action to be taken in a crisis by the service user, their carer and their care care co-ordinator

  Advises their GP how they should respopnd if the service user needs additional help

  Is regularly reviewed by their care co-ordinator

  Be able to access services 24 hours a day, 365 days a year

Standard Five

Each service user who is assessed as requiring a period of care away from their home should have:

- Timely access to an appropriate hospital bed or alternative bed or place, which is:

  In the least restrictive environment consistent with the need to protect them and the public

  As close to home as possible

- A copy of a written after care plan agreed on discharge which sets out the care and rehabilitation to be provided, identifies the care co-ordinator, and specifies the action to be taken in a crisis

Standard Six: Caring for Carers

Aim
To ensure health and social services assess the needs of carers who provide regular and substantial care for those with severe mental illness, and provide care to meet their needs

Standard Six

All individuals who provide regular and substantial care for a person on CPA should:

- Have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis

- Have their own written care plan which is given to them and implemented in discussion with them

Standard Seven: Preventing Suicide

Aim
To ensure that health and social services play their full part in the achievement of the target in Saving Lives: Our Healthier Nation to reduce the suicide rate by at least one fifth by 2010.

Standard Seven

Local health and social care communities should prevent suicides by:

- promoting mental health for all, working with individuals and communities (Standard One)
- delivering high quality primary mental health care (Standard Two)
- ensuring that anyone with a mental health problem can contact local services via the primary care team, a helpline or an A&E department (Standard Three)
- ensuring that individuals with severe and enduring mental illness have a care plan which meets their specific needs, including access to services round the clock (Standard Four)
- providing safe hospital accommodation for individuals who need it (Standard Five)
- enabling individuals caring for someone with severe mental illness to receive the support which they need to continue to care (Standard Six)

And in addition:

- support local prison staff in preventing suicides among prisoners
- ensure that staff are competent to assess the risk of suicide among individuals at greatest risk
- develop local systems for suicide audit to learn lessons and take any necessary action