

AUTUMN DELIVERY AND IMPROVEMENT STATEMENT - MENTAL HEALTH

This summary was submitted as part of the autumn Delivery and Improvement Statement to the Commission for Social Care Inspection in November 2004.

Summary of Progress

Mental Health strategy has been completed Preparations for integrated MH service are on schedule. Joint Head of Service now in post; senior appointments expected by Jan 2005. Senior Mental Health commissioning manager in post. Partnership and secondment agreements are in an advanced stage of preparation. Governance arrangements agreed with elected Members. Re-design of whole MH service including CMHTs, specialist teams and primary care is well-advanced. CR/HT team will be in place by Dec 2004. AO targets on track. Graduate workers should be in place Dec 2004; Gateway workers and Carer Support Workers already in place. Training on carer assessments will take place during autumn 2004.

Risks and Contingencies

There has been considerable progress in securing funding for new services, but there is still a shortfall in one or two areas e.g. early intervention. Recruitment of staff has been encouraging, and CMHTs are almost up to full establishment, but there may be problems recruiting to some posts in CR/HT and Early Intervention. Management capacity now addressed by new senior appointments. Project Plan for integrated service is working well. Service re-design process has fully engaged all stake-holders. Operational Delivery Group has been effective in monitoring progress against targets. Services for BME identified as an important development area – SSD leading on this.

Crisis Resolution

Team Manager and 2 'H' grade nurses (Team Leaders) appointed to CR/HT team. Interviews for posts taking place and other posts advertised. Bid for growth funding for additional SW posts in 2005-06 agreed by DMBC. Part of Fensgrove rehab unit is being adapted to offer home treatment service. Links set up with NIMHE Lead. Service (two teams) will be in place by December 2004 - full fidelity to the model and achieving activity according to the trajectory.

Early Intervention

Team Manager post has been advertised. Funding is also in place for 'G' grade nurse, consultant sessions and admin support. It is proposed to build

on the team from April 2005. Implementation of EIS is a 2-3 year plan of investment and rollout. The initial investment will enable us to put a small team in place that can begin to develop the service – achieving the very small level of required activity to achieve the SHA trajectory target. A business case is being developed to reflect the level of investment required to have a fully developed service in place.

Advocacy

Dudley Advocacy employ two staff advocates who support people with mental health problems. A ward rep scheme is starting at Bushey Fields Hospital. Ward reps are service users who are visiting wards to listen and act if required on general issues raised by patients. We have funded Patient's Council and we have a worker in place who will train and support service users to take part in recruitment etc. This worker has already undergone DMBC Recruitment Training. The workforce targets really all reflect a greater advocacy responsibility at all levels – graduate workers will have a role in representing the patient in primary care.

Employment

Services have continued as described in Spring DIS. e.g. Rethink have 4 people employed in the Valeters Prog and 4 employed at Woodentops. Mind are hoping to employ an ex service user in the Woodwork shop. Day services will be reviewed when the integrated Service takes effect next year. Partnership with Shaw Trust has not materialised owing to lack of funding. Supported employment is a new indicator for the Autumn Assessment, where we currently assess ourselves as red: There are significant deficiencies in the range, number and quality of services available to enable people to maintain or return to employment.

Grants

Implementation of the Mental Health information system is on target for March 2005. SSD has provided funds for up-grading of equipment used by SSD staff, so that they will be able to access the system. Mental health SCE has been allocated to Rethink, MIND and the Council's day centre to improve access to work and social opportunities in line with Social Exclusion Unit report.

BME

Specialist South Asian post attached to Crisis Resolution Team. Funding for African Caribbean post transferred to Rethink. Rethink and MIND are intending to develop specialist B&ME Carer Support. Services include Asian Women's Group at Woodside and Saqoon, a support service in the Asian community in Lye. BME Forum now working on implementation of Action Plan from Review of BME services last year. First task is to ensure that service has systems in place to collect data on ethnicity of service users and

staff and that this information is used to change and develop more appropriate services for BME groups. BME Themed Review completed for StHA.

2424 Service User involvement

As Spring DIS. We have involved service users in the Redesign process and the MH Strategy development, both of which feed into the autumn assessment. There was also a workshop in May on Integration, which several service users attended.

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