

GOOD HEALTH SELECT COMMITTEE – 29th MARCH 2006.

REPORT OF THE DIRECTOR OF ADULT, HOUSING AND COMMUNITY SERVICES

THE INTEGRATED MENTAL HEALTH SERVICE IN DUDLEY

PURPOSE OF REPORT

- 1 To provide Good Health Select Committee with a report on the first year of operation of the integrated Mental Health Service in Dudley.

BACKGROUND

2 Management

- 2.1 Reports presented to the Boards of the PCTs and the Council's Executive in March 2004 included the following agreements between the three organisations:
 - An integrated Mental Health and Social Care Service for Dudley to be established.
 - A joint Director of Mental Health and Social Care Services to be appointed to lead the integrated Service.
 - Dudley South PCT to become the lead commissioner for Mental Health services. This arrangement to be formalised by use of Health Act flexibilities.
 - Dudley Beacon and Castle PCT to assume lead responsibility for the provision and management of the integrated Mental Health and Social Care service in Dudley from 1st April 2005.
- 2.2 The Director of Mental Health and Social Care Services is responsible to the Chief Executive of the PCT with accountability to the Assistant Director (Learning Disability and Mental Health) in Social Services in the Council for social care issues.
- 2.3 The Head of Mental Health and Social Care Services, Simon Thompson, took up post in September 2004. A new integrated management structure came into operation in January 2005 with service managers from Health and Social Care backgrounds.
- 2.4 Within the new structure lead managers were appointed for social care and nursing. Five team managers from both backgrounds have also been appointed to the Community Mental Health Teams (CMHTs) with a Senior Practitioner in each locality.

- 2.5 It was recognised that management supervision in social care was much more advanced than in health. Accordingly, the PCT has adopted the same supervision policy for PCT staff

3 Service Development

- 3.1 The new structure for service delivery came into place October 2005. Service Managers have completed the process of establishing their Capable Care Forums and attended training to learn lessons from the Acute Care CCF which has been acknowledged by the Strategic Health Authority as one of the best in the country.
- 3.2 Each CCF focuses on areas such as service plan delivery, clinical governance, psychological therapies, women's services and choice.
- 3.3 Crisis Resolution/Home Treatment, Assertive Outreach and Early Intervention teams have all now been established. Where possible, Health monies have been used to convert posts to Social Worker posts, an example being the team leader for Assertive Outreach.

4 Performance

- 4.1 During 2005 the Directorate introduced a Performance Monitoring Framework, which is aimed at improving the quality of the service to the residents of Dudley, ensuring continuous monitoring, development and improvement. This information is brought together in a quarterly report.
- 4.2 The Framework includes all key information for health and social care for analysis and action. It allows a complete picture to be considered. For instance a complaint may be received in relation to patient care, but were any clinical incidents received, what was the vacancy factor in that area at the time, agency usage, sickness levels?
- 4.3 The integrated Mental Health Service achieved 3 star status in spring 2005.

5 Accommodation

- 5.1 Since October 2005, the team has been based together at Trafalgar House, King Street, Dudley. The Early Intervention team and the Crisis Resolution/Home Treatment teams are also based there.

6 Challenges

- 6.1 Integration and modernisation have developed hand in hand and delivering such a huge agenda is not without its risks. The current challenges are as follows: -
- Pressure on in-patient beds – establishing a Home Treatment team is expected to reduce hospital admissions by approximately 30%. Work is currently underway exploring this further, reviewing average length of stay, delayed discharges, re-admission rates, and gate-keeping function.

- Finances – finances for integration and modernisation continue to be carefully managed to ensure best value.
- CMHTs are considered to be the hub of the mental health service and whilst pathways, access criteria and an operational policy are currently being developed, greater progress is needed during the next financial year.
- Far more work is needed in terms of the employment agenda for service users and developments in this key area will be met through redesign of day services.

Finance

- 7 DMBC investment in Mental Health Services transferred to the integrated Service from 1st April 2005. There is not a pooled budget agreement as such, but the Health and Social Care budgets are managed as two separate budgets by the Director of Mental Health and Social Care.

Legal Implications

8. The new arrangements for Mental Health services are confirmed in a legal partnership agreement for lead commissioning and integrated provision, using S31 of the Health Act 1999.

Equal Opportunities Implications

9. Equal Opportunities implications include terms and conditions of the secondment of transfer of DMBC staff to the integrated Service and equality of opportunity to apply for new posts.

Recommendations

10. Good Health Select Committee note the content of the report.



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Mental Health and Social Care Directorate –Performance Management Framework





