

**Mental Health National Service Framework Local Implementation
Team
Annual (Baseline) Report**

AUGUST 2003

Government priorities for delivering the NSF are shifting and changing all the time, making it confusing for local services to plan their activity and expenditure. The new Strategic Health Authorities (StHAs) have "quotas" of national targets to deliver (eg. a certain number of assertive outreach teams) which they then divide up between the PCTs in their area. Our own StHA - West Midlands South has given us a list of those targets, and performance indicators for PCTs that we are clearly expected to achieve. In some ways this is the clearest message we have yet had about what is a top priority (a "must do") and what is a lesser priority. All these are included in the mental health section of Herefordshire's 3 year Delivery Plan - a composite plan that sets out our PCT's development programme for all the services it provides or commissions. It is known as the "LDP" (local delivery plan).

This report sets out those top priority targets for Herefordshire, and the original Herefordshire Mental Health Strategy targets from October 2000, within the framework of the original NSF 7 standards and the underpinning programmes that went with them. It identifies the progress made so far, the actions needed to achieve the NSF milestones and the risks that are likely to impede implementation.

The Herefordshire Strategy is now coming to the end of its 3 year period, so this report represents a final review.

Progress will be reported to all future LIT meetings in this format.

Key :

LDP Targets/Priorities are in the White Boxes

Original Herefordshire Strategy Targets are in the shaded boxes

NSF Standard 1: MENTAL HEALTH PROMOTION

Health and Social Services should:

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

LDP TARGET/PRIORITY:

Produce an evidence-based mental health promotion strategy

STRATEGY TARGET/PRIORITY:

All service providers to promote positive mental health

Milestone	Strategy agreed and in place
Timescale	April 2002
Progress	Strategy completed on time. Steering Group for Strategy set up involving a wide range of agencies. "Settings" groups established to work on all areas of the strategy. Training programme on mental health promotion up and running and continuing
Risk/exception reporting	Failure to continue to establish the necessary commitment and partnerships amongst the very diverse organizations and networks involved (risk). Steering Group not currently active.
Actions agreed	Development of training programme. Continued work in settings groups and a build up of evidence of what works and what does not. <i>Action - Roger Hanson</i> Steering Group to meet on a regular basis. <i>Action - Roger Hanson</i> Information from Steering Group to go into LIT Quarterly Reports. <i>Action - Mike Metcalf</i>

STRATEGY TARGET/PRIORITY:**Equip all First Level assessors to respond appropriately to people with mental health difficulties**

Milestone	<p>Training needs assessed particularly in relation to Primary Care Teams, Police, Accident and Emergency, General Hospital Staff, Social Services, Housing, Voluntary and Independent Sector.</p> <p>Information disseminated about access to full range of statutory independent voluntary sector and self help organisations. including leaflets and web site.</p>
Timescale	April 2003
Progress	<p>Time-limited Task Group including PCT, 2nd level assessors and users and carers produced plan by February 2001, and the first 6 agencies were targetted. Assessment of their training needs completed.</p> <p>Website established and Directory of services completed and publicised.</p> <p>HUG spent a half-day with NHS Direct to provide information.</p> <p>MIND do training for Employment Services in Hereford & Worcester</p>
Risk/exception reporting	Shortage of staffing and funding has meant that the training has not yet happened .
Actions agreed	<p>Identify funding and resources to continue to implement training plan across first 6 agencies, and widen to next tranche of agencies. Action - Mike Thomas</p> <p>Publicise website information.</p> <p>"Rollercoaster" video to be added to website to give insight into the experience of mental health problems from service users stories. Action - Simon Hamilton</p> <p>Develop a training pack for the non-key agencies. Action - Sue Bennison</p>

**STRATEGY TARGET/PRIORITY:
Positive employer discrimination to increase employment opportunities**

Milestone	Statutory employers include positive discrimination for people with mental health problems within their employment policies.
Timescale	April 2003
Progress	<p>Social Services ran a task group to develop policies on mental health in the workplace. This will now be rolled out across the wider Council.</p> <p>Workplace setting group set up under Mental Health Promotion work.</p> <p>Developing employment opportunities in all sectors is being pursued locally through the Shaw Trust, Workmatch and other agencies in the All-Set Consortium. It is an objective within the Herefordshire Welfare to Work for Disabled People Joint Investment Plan.</p> <p>Nationally this will be pursued through the NHS Equal Opportunities Framework, and Local Public Service Agreements for local councils – both of which will set targets for the employment of socially excluded people.</p>
Risk/exception reporting	That this will be given a low priority within organizations facing pressures in budgets and from other government targets .
Actions agreed	<p>Put the Social Services policy into practice and support managers to implement it within their teams. <i>Action - Saida Soge</i></p> <p>Widen the policy to all Directorates within the Council. <i>Action - Saida Soge</i></p> <p>To check that training is being rolled out. <i>Action - Mike Metcalf</i></p>

Standard 2: PRIMARY CARE AND ACCESS TO SERVICES (for anyone with a mental health problem)

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**

LDP TARGET/PRIORITY:

Expand the mental health workforce by appointing new graduate mental health workers in primary care

R12 *The Herefordshire share is 3 whole time equivalents*

Milestone	Report to LIT on role of these workers November 2003
Timescale	April 2004
Progress	Guidance issued by DoH. Graduate Worker Planning Groups set up
Risk/exception reporting	Insufficient Mental Health Development funding in 2003/04 because of pressures from other service areas
Actions agreed	Determine the function of these workers and their relationship with existing services by the LIT and Mental Health Operational Group Graduate Worker Planning Groups to work with CMHTs and primary care services. To report to LIT November 2003. <i>Actions - Rob Cunnngham & Stephanie Carpenter</i>

STRATEGY TARGET/PRIORITY:**Deliver first level counselling services through primary care team**

Milestone	Counselling services available across Herefordshire on an equitable basis.
Timescale	April 2002
Progress	PCT have developed criteria to allocate funding equitably based on levels of need in each surgery – applied from April 2001. In Ross the service is provided via the CMHT. Management of counselling services has now passed to Service Manager. First level counselling now available through primary care services across the county.
Risk/exception reporting	Waiting times are increasing .There is still a lack of equity of access across the County.
Actions agreed	To review the operation of this service. <i>Action - Mike Thomas</i>

STRATEGY TARGET/PRIORITY:**Improve the provision of Mental Health services in primary care**

Milestones	Protocols agreed between primary and secondary care. An agreed definition of ‘common,’ and ‘severe and enduring ‘ mental illness Roles of primary and secondary care teams agreed. Staff trained appropriately
Timescale	April 2003
Progress	Primary Care Guidelines for depression, post-natal depression, anxiety disorders, schizophrenia/psychosis, substance misuse, and the CPA system have been written locally and adapted from other areas. The Counselling and Psychotherapy Forum have expressed reservations about some aspects of the protocols.
Risk/exception reporting	Low use of the Guidelines in primary care Teams. Reasons cited - the raft of government health priorities and target (risk).

Actions agreed

Get feedback from the Counselling and Psychotherapy Forum and test usage of the guidelines. *Action - Rob Cunnngan*

Staff training with primary care teams on use the guidelines. *Action - Rob Cunnngan*

Review of guidelines by specialist and primary care services. *Action - Rob Cunnngan*

Training events in localities on the NSF and primary care, aimed at GPs, will be organized with the help of the NIMHE primary care lead Dr. David Shiers. A small meeting including a service user will be held to plan the agenda and liaison with David Shiers.

Action - Mike Metcalf & Mike Thomas

Standard 3: PRIMARY CARE AND ACCESS TO SERVICES (for anyone with a mental health problem)

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 first-level advice and referral on to specialist helplines or to local services**

Progress

- ◆ Mental health services are contributing to the development of the Herefordshire-wide primary care out-of-hours service.
- ◆ HUG have provided training for NHS Direct on responding to mental health issues.
- ◆ Welfare Benefits "clinics" are about to be provided in a targetted number of health clinics.
- ◆ Herefordshire Mental Health website has been made available to *NHS Direct*.
- ◆ The South Wye Drop-in Centre is now operating, and the [CH@T](#) helpline will be developed

Action

Check what response people with mental health problems get from the GP out-of-hours service. *Action - Jean Howard (to discuss with Simon Hairsnape*

Explore what role the Community Alarm service (Housing) could have.

Action - Sue Bennison and Richard Gabb

Standard 4: EFFECTIVE SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS

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 care plan which:
 - includes the action to be taken in a crisis by the service user, their carer, and their care co-ordinator
 - advises their GP how they should respond 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

LDP TARGET/PRIORITY:

Complete CPA systems implementation

STRATEGY TARGET/PRIORITY:

Plan for an integrated assessment, care plan and care co-ordinator for all service users with severe mental illness

Milestone	There is a CPA lead officer across health and social services (Simon Hamilton)
Timescale	April 2003
Progress	Mental Health Operational Manager has led the implementation of CPA in the integrated service. The MH Information Systems Manager has led the IT development for the system, and now acts as CPA lead for the on-going development of the system.
Risk/exception reporting	It has proved difficult to gain consistent implementation of the system across all CMHTs, but progress is being made.
Actions agreed	Request CPA Lead Officer to present a report to a future LIT meeting <i>Action - Mike Metcalf</i>

Milestone	Thorough and regular multi disciplinary and interagency CPA related training is in place
Timescale	April 2003
Progress	In-house training has already taken place in the Integrated teams . University of Wolverhampton has been commissioned to do further training in 2003/04
Risk/exception reporting	There is now some doubt if the external training will be of benefit if the training issues are now confined to the practical details of implementing the local system.
Actions agreed	Training must emphasise the need to complete carers assessments if targets relating to carers in the Local Delivery Plan are to be met.
	<i>Action - Simon Hamilton</i>

Milestone	Care plans are held on a central database which is regularly updated and available 24 hours a day
Timescale	April 2003
Progress	<p>Revised CPA system introduced December 2002 incorporating amendments recommended by staff during 2002. The system achieves the milestone of a central database, and teams are currently inputting data as the system expands to absorb existing records.</p> <p>CPA monitoring group due to start to meet on a quarterly basis to review CPA use, developments, problems etc</p> <p>CPA policy is now published, following discussion at monitoring group and will be circulated widely. It is also on the health intranet</p> <p>eCPA should now be used for all service users (standard and enhanced).</p> <p>eCPA demographic detail (assists with MHMDS requirements) is now being in-putted by admin staff at the point of referral. This is then expanded by clinical staff inputting assessment, careplan, risk assessment etc.</p>

Risk/exception reporting	
Actions agreed	<p>On-going monitoring and support for CPA system users to ensure it meets NSF standards.</p> <p>Further development of the CPA software will enable it to collect data for the Minimum Data Set.</p> <p>Next stage developments will be to record contacts through CPA.</p> <p><i>Actions - Simon Hamilton</i></p>

Milestone	There is an agreed information-sharing protocol between local agencies
Timescale	April 2003
Progress	A draft information-sharing protocol between local agencies has been developed.
Risk/exception reporting	Difficulty in finalising agreement between many different agencies
Actions agreed	<p>Complete negotiations and dovetail this with the development of other information-sharing protocols. <i>Action - Mike Metcalf</i></p>

LDP TARGET/PRIORITY:
Patients have copies of their own care plan
Proportion of patients on CPA with their own copy of their written care plan
Performance Indicator - Patient Focus

Milestone	All patients on CPA who wish to have them, have a copy of their own care plan
Timescale	
Progress	This is improving with the current electronic system - see references to CPA
Risk/exception reporting	Lack of full electronic systems will hamper this. This needs to become embedded in the "culture" of the services
Actions agreed	<p>Further development work associated with implementing the CPA system to ensure overall good practice and coverage.</p> <p><i>Action - Simon Hamilton</i></p>

WRAP plans - services need to recognize the benefits of service users developing their own plans in conjunction with the CPA plans.

**LDP TARGET/PRIORITY:
Offer 24-hour Crisis Resolution to all eligible clients
(T17)**

**STRATEGY TARGET/PRIORITY:
Develop a range of crisis response services for people on enhanced
CPA covering 365 days, 24 hours a day**

Timescale	December 2004
Progress	<p>The immediate priority has been to replace the emergency (out-of-hours) ASW service that was commissioned by Herefordshire Council from Worcestershire, but was disbanded in March 2003. A replacement service with an ASW rota was started from April 2003.</p> <p>Mental Health Development monies have been allocated to develop this service in 2003/04, as a top priority.</p> <p>A model of service has been developed linking the development of an "acute" service alongside the community service. Although this is different from the model of service in the national Implementation Guidance, it is expected to produce the same results.</p> <p>Service user organizations are considering developing a user-led support service that will work in conjunction with the crisis service.</p>
Risk/exception reporting	<p>The extent of the service will be determined by the amount of development money available.</p> <p>The proposed Herefordshire service differs from the government's model of service, and will need to be discussed with the Strategic Health Authority to ensure that it will be acceptable to them. A response is awaited from the StHA.</p>
Actions agreed	Complete discussions with the StHA.

Action - Mike Metcalf
Implement the project plan.
Action - Sue Bennison
Decide on the use of the capital allocation for a "crisis house" this locality, and how this could be used. Action - Sue Bennison

LDP TARGET/PRIORITY:
Expand the mental health workforce by appointing community mental health "Gateway" workers
 R12 *Target for Herefordshire is 1.5 wte. staff*

Milestone	Staff meeting the definition of Gateway workers are in post
Timescale	April 2004
Progress	Funding has now been agreed to develop the Deliberate Self Harm service by adding a full time post for A&E alongside the part-time post for medical wards, linked in with the new crisis resolution service.
Risk/exception reporting	Insufficient Mental health development funding because of pressures from other service areas
Actions agreed	Determine the function of these workers and their relationship with existing services by the LIT and Mental Health Operational Group. Action - Sue Bennison

LDP TARGET/PRIORITY:
Early Intervention in Psychosis
Reduce the duration of untreated psychosis to a service median of less than 3 months (individual maximum less than 6 months) and provide support for the first three years for all young people who develop a first episode of psychosis (T16)

Milestone	An agreed model of service for Herefordshire.
Timescale	December 2004
Progress	Lead clinician for E.I. development has formed working group and started staff training. Links made with StHA network for E.I. An Early Intervention Co-ordinator has been appointed to scope the need for the service

	and to develop it in conjunction with CAMHS and the Mental Health Adult Service.
Risk/exception reporting	There is a lack of services for 16 - 18 year olds.
Actions agreed	<p>Complete audit of current needs and provision. <i>Action - E.I. Co-ordinator</i></p> <p>Develop a model of service that fits the Herefordshire situation. <i>Action - E.I. Co-ordinator</i></p> <p>Develop links with CAMHS. <i>Action - E.I. Co-ordinator</i></p>

LDP TARGET/PRIORITY:
Deliver Assertive Outreach to adult patients with severe mental illness and complex problems who regularly disengage from services
(NHS Plan target to deliver 170 AOTs by March 2001, with a further 50 by 2003)
 (T18, A12 and Performance Indicator - Key Target)

STRATEGY TARGET/PRIORITY:
Achieve assertive outreach services for all those who need them

Milestone	Assertive outreach services available for all Those who need them
Timescale	December 2003
Progress	<p>Herefordshire researched the need for AO and Identified 19 people known to the service who met the definition. These people have received the service by April 2003.</p> <p>A service was developed by establishing a Team linked with the Forensic Assessment Community Team. After the team was established 2 wte. extra community support staff were added using Supporting People funding. And this allowed core funding to upgrade one community support worker to an E grade nurse. 1 wte ASW was also added.</p> <p>Assertive Outreach is now operating as a separate team.</p>
Risk/exception reporting	The service continues to expand to meet needs, but the unmet need revealed so far has not been sufficient to merit another team, or to match the national expectations for Herefordshire's population.
Actions agreed	None

Standard 5: EFFECTIVE SERVICES FOR PEOPLE WITH SEVERE MENTAL ILLNESS

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.**

LDP TARGET/PRIORITY:

Reduced pressure on acute inpatient units by reduction in bed occupancy rates

(National target of 30% reduction in bed occupancy by 2006)

(A13)

Milestone	National target of 30% reduction in bed occupancy by 2006
Timescale	2006
Progress	<p>Bed occupancy on Stonebow Unit is currently 84% including Cantilupe Ward for older people, where occupancy is very high. The rate for the two adult wards is therefore acceptably low already, and Herefordshire is contributing to the national target of reducing occupancy. No further special measures are indicated locally.</p> <p>However, some reduction in bed occupancy will be achieved through the development of other services such as crisis resolution and assertive outreach</p>
Risk/exception reporting	Delays in implementing targets for crisis resolution services
Actions agreed	<u>Acute In-patient Forum</u> is working on clearer defined criteria for using the in-patient facilities.

LDP TARGET/PRIORITY:

Plan for the anticipated £78,000 extra costs of forensic mental health services commissioned by the West Midlands Specialist Services Agency for 2003/04.

Milestone	Agreement between Commissioning Team in the PCT and the WM Specialist Services Agency.
Timescale	2003/04
Progress	
Risk/exception reporting	Commissioning of these services is funded from generic PCT budgets for specialist services and not from mental health budgets. Therefore, it will not have an impact on mental health development monies this year.
Actions agreed	Determine what is currently spent from commissioning for spot purchase of forensic services. <i>Action - Paul Ryan</i>

STRATEGY TARGET/PRIORITY:

Establish appropriate open access to Secondary Mental Health Services

Milestone	Assessment of implications of open access
Timescale	October 2003
Progress	Task group met to assess implications and draft an implementation plan. It clarified that the meaning of "open access" needed to be re-considered and applied to all services including new ones such as Assertive Outreach, and Crisis Resolution (not just Stonebow Unit).
Risk/exception reporting	Statutory services need to support people referred via new user-led support services. Workloads of existing services may become over-stretched.
Actions agreed	Work is needed on the relationship between user-led services such as CH@T and emergency services. <i>Action - Sue Bennison</i>

**STRATEGY TARGET/PRIORITY:
Achieve single sex accommodation**

Milestone	Reduce acute beds over the next five years by increasing community provision. At this point single sex accommodation will be achieved
Timescale	2006
Progress	This was discussed at Autumn 2000 Review with Regional Mental Health Team. In Stonebow, the sleeping, washing and toilet areas are separate, but the wards are still mixed sex.
Risk/exception reporting	Lack of sufficient progress in the accommodation development plan would delay the achievement of single sex wards..
Actions agreed	To be determined following the outcome of the accommodation development plans below. The <u>In-Patient Forum</u> is looking at single sex accommodation.

**STRATEGY TARGET/PRIORITY
Develop adequate provision of secure accommodation**
This is a NHS Plan national target and funding is top-sliced for developments

Milestone	Agreements on commissioning secure services with the regional Special Services Group
Timescale	April 2003
Progress	Problems over access to secure beds have been raised with the Regional Special Services Group.
Risk/exception reporting	Secure accommodation commissioned for Herefordshire but has not been available in crisis situations.
Actions agreed	Continue the task of discharge forecasting and planning based on information supplied by the Forensic Assessment Community Team (FACT) and Community Mental Health Teams.

Continue discussions on solutions with the Regional Group.

Actions - Service Manager

STRATEGY TARGET/PRIORITY

Provide a range of accommodation/day services moving the emphasis away from hospital care

Milestone	Development proposals from the Enhanced Support Services Group
Timescale	December 2003
Progress	<p>Mental Health Services seconded a worker to the Supporting People Team, and Supporting People grants have been used to expand the amount of housing-related support across the service.</p> <p>Working in partnership with the Supporting People Team, Housing Corporation, and Herefordshire Strategic Housing, there are now 10 new units of dedicated accommodation for mental health, plus more planned in the near future</p> <p>An on-going audit process of Supporting People schemes has started in 2003.</p>
Risk/exception reporting	The Enhanced Support Services group is reviewing the provision of enhanced support to minimise the use of residential nursing and 24 hr nursed care but the work has temporarily halted pending a further planning event for the group..
Actions agreed	Developments through the work of the Enhanced Support Services Group.

Standard 6: CARERS OF PEOPLE WITH MENTAL HEALTH PROBLEMS**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

LDP TARGET/PRIORITY:**Increase breaks for carers and strengthen carer support and networks to the benefit of carers of people on CPA**

(Carer support worker: Health or social care professionals who provide specialised or specialist support to carers of people with mental health problems. Some services may currently include descriptions such as 'carer development workers' or 'family support workers')

(T19)

The share of the national target for Herefordshire is 2 wte. workers

STRATEGY TARGET/PRIORITY:**Enable carers to maximise their role as Carers while recognising their Individual needs**

Milestone

Timescale

By 2004

Progress

Carers Grant has funded small home-based service to provide breaks for carers since 2000/01.
Carer Support programme of events provided information to carers during 2000.
Carers assessments now completed in the CPA system for those caring for people with severe and enduring conditions.

Revision of Herefordshire Carers Strategy (milestone) completed .

Risk/exception reporting

Insufficient Mental Health Development funds created by other service pressures

Actions agreed

Carers needs along with other service priorities must be fed into the commissioning processes, via the Carers LIT.

A work plan re for supporting carers of people with mental health problems is underway but the work will be founded on -
(A) the revised Herefordshire Carers Strategy 2003, and
(B) the Best Value review of carers' services
This will determine if the current carer's support services meet national targets.
Developments will be planned and funded for 2004/05

Carers LIT will make links with Ambition Group for Education and Training

Improvements will be made to the carer's assessment in the CPA system.

Carers LIT will inform other actions needed.

Actions - Jean Howard and Sue Bennison

Standard 7: REDUCING SUICIDES

Local health and social care communities should prevent suicides by:

- **Promoting mental health for all, working with individuals and communities (Standard 1)**
- **Delivering high quality primary mental health care (Standard 2)**
- **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 3)**
- **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 4)**
- **Providing safe hospital accommodation for individuals who need it (Standard 5)**
- **Enabling individuals caring for someone with severe mental illness to receive the support which they need to continue to care (Standard 6)**

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**

LDP TARGET/PRIORITY: Suicide Rate

3-year average suicide rate for inpatients and recently discharged patients.

The 'Saving Lives: Our Healthier Nation' target has been to reduce the suicide rate by at least one fifth by 2010. The Department has published a 'National Suicide Prevention Strategy' (2002) to provide a programme of action to reduce suicide rates. This indicator will provide evidence of the effectiveness of mental health services in achieving a seamless service between inpatient and community care and reducing the risk of suicide.

Performance Indicator - Clinical Focus

STRATEGY TARGET/PRIORITY:

Achieving the targets in *Saving Lives: Our Healthier Nation* to reduce the suicide rate by at least one fifth by 2010.

Milestone	Preventing Suicide Strategy completed.
Timescale	2010
Progress	<p>Herefordshire has a higher than average rate of suicides and is implementing a multi-agency local action plan based on recommendations in the National Suicide Prevention Strategy.</p> <p>Actions within the mental health service form part of the agenda - 48hr/7 day follow up of discharged patients, and continuous review of inpatient facilities to reduce access to means of suicide. These are already actively pursued.</p>
Risk/exception reporting	<p>Data on suicide rates amongst people who have been using mental health services are based on the admission rates to Stonebow Unit. As Herefordshire has a lower admission rate than many areas, the suicide rate appears artificially high</p> <p>Shortage of funding to extend Deliberate Self harm liaison service into A&E Dept. will hamper progress.</p>
Actions agreed	<p>Continued work to implement the targets in the Preventing Suicide Strategy steered by the <u>multi-agency group</u>.</p> <p>Extend Deliberate Self harm liaison service into A&E Dept. through the crisis service. <i>Action - Sue Bennison</i></p> <p>Examine the circumstances around the suicides of people who have been in-patients or recent service users. Consider if an external person should be involved in this review. <i>Action - Rob Cunningham</i></p> <p>Discuss the Herefordshire position with the Strategic Health Authority when this review is complete. <i>Action - Mike Metcalf</i></p>

UNDERPINNING OBJECTIVES

LDP TARGET/PRIORITY: CMHT integration
 (Degree to which Community Mental Health Teams have integrated health and social care staff within a single management structure. NSF national milestone to increase integrated CMHTs by 50% by April 2002).

Performance Indicator - Key Target

Milestone	Single Management Structure for the mental health service
Timescale	April 2004
Progress	<p>Section 31 agreement has been signed covering joint provision of mental health services.</p> <p>Teams are integrated in terms of structures and management arrangements.</p> <p>Co-location of staff in local team bases is complete.</p> <p>There are sufficient computers to link in all staff to CPA and other information systems</p>
Risk/exception reporting	<p>The pooled budget for 2003/04 is not yet finalised. Agreement over the management of last year's overspends and the effect of general saving requirements in the Social Services budgets have yet to be reached.</p> <p>Lack of the necessary IT support systems for integrated working would hamper progress.</p> <p>Staff terms and conditions and complaints procedures etc. for the Section 31 arrangements are not yet complete.</p>

Actions required	<p>Integrated systems to be finalised by a number of working groups (casenotes, supervision arrangements etc.)</p> <p style="text-align: right;"><i>Action - Rob Cunningham</i></p> <p>A <u>Human Resources group</u> is working on staff terms and conditions, complaints procedures etc. for the Section 31 arrangements</p> <p><u>Section 31 Board</u> to resolve difficulties over the contributions from Social Services and the PCT to the pooled budget.</p>
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LDP TARGET/PRIORITY:
Ensure that protocols are in place across all health and social care systems for the care and management of older people with mental health problems
 (T21)

Milestone	Protocols written and agreed.
Timescale	April 2004
Progress	A strategy for the development of mental health services for older people has been written which includes this objective.
Risk/exception reporting	<p>The PCT performed "significantly below average" on this criterion in the Performance Assessment by CHI in 2003 - ie. the "Star Ratings" for transition between adult and older adult mental health services.</p> <p>Failure to engage with this work from any of The partner agencies constitutes a risk to achievement.</p>
Actions agreed	<p>The <u>task group working on eligibility criteria for older people's mental health services</u> will develop protocols between all service areas. This will link with the work on implementing Fair Access to Care.</p> <p>This group will write a protocol between adult and older adult services.</p>

LDP TARGET/PRIORITY:

Ensure that there are agreed and established (written) arrangements to ensure transition of care for service users between child and adolescent mental health services and adult mental health services

Performance Indicator - Patient Focus

Milestone	Protocols written and agreed.
Timescale	April 2004
Progress	.
Risk/exception reporting	The PCT performed "significantly below average" on this criterion in the Performance Assessment by CHI in 2003 - ie. the "Star Ratings"
Actions agreed	This will form part of the work on a CAMHS Strategy and Early Intervention in Psychosis developments. <i>Action - E.I. Co-ordinator</i>

LDP TARGET/PRIORITY:

Implement Mental Health Minimum Dataset

Performance Indicator - Key Target :

For 2002/03 - Progress in MHMDS implementation was assessed by two deliverables: i) A gap analysis of any issues to be resolved before full implementation; ii) A specimen MHMDS dataset for a recent quarter which is of workable quality

(The MHMDS is a nationally defined framework of data held locally by Mental Health Trusts on their adult patients (including older people). Each record in the data set describes a Mental Health Care Spell - that is the whole period in which an individual is looked after by a provider of specialist mental health services from initial referral to final discharge. The MHMDS is central to the development of information on mental health notably for clinical audit and for the assessment of patient outcomes after intervention. Local use will be of clinical and resource management benefit. Data will also be collected centrally from the first quarter of 2003-4 and this will provide comparative and benchmarking data for use by service providers and commissioners, and will be key to monitoring the roll-out of the MH NSF and other MH policy objectives. MHMDS implementation will enable the monitoring of outcomes for individuals in terms of morbidity, quality of life and user satisfaction with services).

STRATEGY TARGET/PRIORITY:

Implement Information strategy plan

Milestone	Improved CPA electronic system in place capable of recording the data needed for the MHMDS.
Timescale	April 2003
Progress	<p>Current gaps and issues were identified and a business case for dealing with them was written. A specimen MDS for a historic quarter was done.</p> <p>The IT technical support officer post was extended to work on the MHMDS project.</p> <p>Funding has now been secured from the Informatics budgets to develop the CPA system in order to capture the contact data required by the MHMDS.</p>
Risk/exception reporting	The current data collected by CMHTs is insufficient to provide the requirements of the MHMDS. Contact data is missing.
Actions agreed	<p>To develop the CPA software to collect the necessary data for MDS, and undertake staff training in its use. This involves the appointment of a software developer.</p> <p><i>Action - Simon Hamilton</i></p> <p>Support and monitoring for CMHTs to make the system successful.</p> <p><i>Action - Rob Cunningham</i></p>

PCT-WIDE TARGETS :

LDP TARGET/PRIORITY:

Reduce the number of outpatients waiting longer than the standard

Performance Indicator - Key Standard :-

Number of patients waiting more than 6 months (26 weeks) for an outpatient appointment. From end March 2002, patients should not have to wait longer than 26 weeks for a first outpatient appointment. The NHS Plan commitment is that by the end of 2005, the maximum waiting time for a first outpatient appointment will be cut to three months - urgent cases will continue to be treated much faster in accordance with clinical need.

LDP TARGET/PRIORITY: Improving Working Lives

Performance Indicator - Key Target

To show which NHS organisations are working towards implementing the IWL standard leading to improvements in the working lives of all staff, and in so doing that they are addressing issues of recruitment and retention and delivery of quality care

TARGET/PRIORITY: Hospital Cleanliness

Performance Indicator - Key Target :-

Whole hospital score for cleanliness, formulated against Patient Environment Action Team (PEAT) visits (Values range from 1 to 4).

Research carried out amongst various interest groups in advance of the launch of the NHS Plan identified that cleanliness had become a major issue.

The NHS Plan stated in section 4.15: '...every hospital will have an unannounced inspection of its cleanliness, by a specialist inspection team including patients. The results will be made available to the local media...'. To meet this requirement, Patient Environment Action Teams (PEAT), comprising members drawn from Facilities and Estates staff, Hotel Services Managers, Domestic Managers, Caterers, Infection Control Nurses and patient representative organisations will visit and assess individual hospitals.

TARGET/PRIORITY: Financial management

Performance Indicator - Key Target :-

Achievement of financial balance in 2001/2 without unplanned financial support (provided by the DoH or others) to cover financial difficulties or a potential deficit.

Milestone

Timescale

Progress

Risk/exception reporting

Actions agreed

**These are all generic targets for the PCT
No special measures are required of mental health services at the moment. However, a housekeeper is being appointed at Stonebow.**

The environment in community mental health bases also needs attention in terms of cleanliness and the dilapidation of facilities.

Action - Service Manager

LDP TARGET/PRIORITY:

Expand the mental health workforce by training Support Time and Recovery (STR) workers

STR Workers: An STR worker is someone who works as part of a team which provides mental health services and focuses directly on the needs of service users, working across boundaries of care, organisation and role. They provide **S**upport, give **T**ime to the service user, and thus promote their **R**ecovery. Detailed guidance about STR workers will be published later this year.

R13

Local share of National target is about 9 workers

Milestone	A review of the roles of current support workers in relation to the definition of STR workers
Timescale	By 2006
Progress	Community Mental Health Workers and Supporting People workers already fulfil much of the STR functions. They work with a Recovery focus to meeting this objective.
Risk/exception reporting	.
Actions agreed	Use information from the national programme to pilot the role of STR workers in any local developments. MH Operational Group to consider the findings from the pilot sites to examine the role of the STR workers and to what extent the role is fulfilled by current community support staff. Provide information on these developments to the LIT. <i>Actions - Sue Bennison</i>

STRATEGY TARGET/PRIORITY:

Workforce strategy plan

Milestone	See criteria below
Timescale	April 2003
Progress (<i>against the targets for Stage 3 of the NSF - October 2001</i>)	<i>Review of local workforce issues to identify pressures and priorities -</i> The PCT completed a plan for all nursing, nursing assistant and medical grades up to the year 2005/6. This included RMN, EN(M), and CPN numbers to deliver the NSFs for mental

health and older people - for example for Assertive Outreach, Crisis Resolution, primary care and support and training for the voluntary sector.

It also reviewed the medical staffing requirements for the NSF and compliance with Royal College of Psychiatry guidelines in relation to consultant and other medical posts.

PCT developed staff appraisal system to help to identify existing skills and qualifications and those needed in the future.

Retention strategy including measures to tackle stress, improve working conditions and provide supervision and appraisal

The PCT developed a Human Resources Strategy Action Plan for 2001 to 2003. This covered all PCT functions, including mental health, and encompassed all the above factors under a number of headings - for example, Improving Working Lives, Flexible Working, Childcare issues, management of change, Appraisal systems, and Recruitment and Selection standards and training

Education and training plan including recruitment to training grades, CPD, clinical skill acquisition, lifelong learning and team development

A survey of education and training needs for mental health staff in the PCT was undertaken. This was based on a "futurizing" model which anticipated the skill mix required by new service developments for the NSF.

Education and training needs were previously surveyed in Social Services, enabling the plans to be integrated within the mental health service

The PCT developed a Clinical Skills Profile for all services, including mental health. This is available on an Access database enabling managers to interrogate for information relating to grades, skills, qualifications etc. as well as location.

Risk/exception reporting

Management and key staff time to develop policies.

Actions agreed

The generic Workforce Strategy Group may make NMET Funding available for mental

health. Service Manager to discuss joining group with PCT.

Await outcome of Agenda for Change before further developments.

STRATEGY TARGET/PRIORITY:

Develop local service information strategy

Milestone	Addition of "Rollercoaster" to the Website.
Timescale	September 2002
Progress	Mental Health Systems Project Manager appointed since February 2001. Herefordshire Mental Health web site since December 2001, containing up to date information, signposting and access to local services. The site is available to NHS Direct. Mental Health Forum produced paper version of website information in a directory. This has been made available in primary care bases.
Risk/exception reporting	
Actions agreed	Addition of "Rollercoaster" video to the website to give user perspectives and experiences of mental health problems.

STRATEGY TARGET/PRIORITY:

Planned developments in clinical governance

Milestone	An agreed clinical governance strategy for mental health.
Timescale	October 2002
Progress	PCT Clinical Governance Officer has confirmed members of staff in several mental health services as Clinical Governance "leads". Prescribing and referral protocols developed and introduced between primary and specialist care services.
Risk/exception reporting	Lack of staff or staff time to undertake priority development work for clinical governance.

Actions agreed	<p>To discuss current progress and targets within the LIT and construct overall clinical governance strategy for mental health. Implement clinical governance action plan which ensures that each organisation shares and agrees a common policy.</p> <p>Produce appropriate information leaflets on Drugs.</p>
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**STRATEGY TARGET/PRIORITY:
Development of comprehensive user involvement in mental health services**

Milestone	An agreed user involvement policy in place.
Timescale	April 2003
Progress	<p>"TULIP" policy produced by the service for user involvement.</p> <p>A user involvement consultation day was held in June 2002 organized by HUG and the Regional Users Network. A draft strategy was produced.</p>
Risk/exception reporting	
Actions agreed	<p>Policy to be discussed with the Involving People Team. Action - Jean Howard</p>

**STRATEGY TARGET/PRIORITY:
Development of evaluation systems to inform on-going commissioning**

Milestone	Development of a system to collect and collate information on unmet need and service evaluations, developed in conjunction with service user organizations
Timescale	October 2002
Progress	
Risk/exception reporting	Lack of time in HUG to commit to this work.
Actions agreed	<p>Task group to be developed in conjunction with HUG and MIND in Autumn 2003.</p> <p>Action - Mike Metcalf</p>