

Changing the Mental Health services we buy from the Pooled Fund

Date of consultation 15 February to 18 May 2008



1. Introduction

Suffolk has a Mental Health Pooled Fund of £4.1 million from which Suffolk County Council, Suffolk Primary Care Trust and Great Yarmouth and Waveney Primary Care Trust purchase a range of community care services through independent providers. 50% of the Fund is used to purchase supported housing for people with complex needs; of the remainder, 29% is spent on services that offer open access and 21% on services for people with severe and enduring mental health needs.

National policy guidance is now telling us to shift the balance from a focus on people with severe and enduring needs to one that enables people to receive help at an earlier stage; it also suggests that we need to provide some services differently. Therefore, following an external review (Pooled Fund Review, 2006 – Dr D.Rowley) and a detailed needs analysis of current provision, it is proposed that we re-model some Pooled Fund services and that we incrementally reduce expenditure on some block contracts, to respond to the requirements for increased self-directed care through Individual Budgets. Additionally the Pooled Fund partners need to begin implementing their local strategies by gradually increasing the opportunities for primary care service users to access Pooled Fund services.

The contracts with Pooled Fund providers are nearing their expiry dates and European Union law requires that a complete re-tendering exercise be carried out to award new contracts; this gives us a good opportunity to commission some services differently. Whilst this consultation paper proposes re-commissioning some Pooled Fund services by re-tendering, it is currently proposed that existing providers of supported accommodation services (which accounts for 50% of the Fund's expenditure) should be required to work to a new service profile and contract, rather than undertaking a comprehensive re-tendering exercise. The financial climate in which these changes need to be made remains challenging. New services will have to be commissioned and self-directed care promoted from within the current Pooled Fund budget, whilst ensuring that the needs of those with severe and enduring illness continue to be met.

This paper proposes changes to the way in which Pooled Fund services are commissioned. Consequently there will be a ninety-day period of consultation to ensure that service users, family carers, service providers and other stakeholders are able to give their views to the Pooled Fund partners. The county council and the primary care trusts have agreed to adopt the county council consultation model and to report the outcome of the consultation to the Health Overview and Scrutiny Committee. The proposed timeline for this programme is outlined at 14. below.

2. Glossary of Terms

Bibliotherapy: A strategy in which carefully selected reading materials are used to assist a person in solving personal issues, or for other therapeutic purposes.

Block Contracts/Funding: Contracts for providers, which specify a set annual amount of money for providing a particular service.

Commissioning: A process whereby a Council or PCT plans the services it needs, develops a specification, contracts an organisation to provide them and monitors performance.

Community Mental Health Team (CMHT): A team of professionals working with people with a mental illness, including for example, Community Psychiatric Nurses and Social Workers.

Cognitive Behavioural Therapy (CBT): A therapy used to treat a range of mental illnesses. It emphasises the importance of thinking in relation to feelings and behaviour and involves replacing negative, distorted thoughts with positive, realistic ones.

Care Programme Approach (CPA): The framework for individual mental health care and support, including assessment, care planning and reviews. There are currently two levels: Standard and Enhanced.

De-Commissioning: The process of no longer providing a service and making sure service users are not adversely affected.

Early Intervention in Psychosis: A community based service that works with people between the ages of 14-35 years who are experiencing a first episode of psychosis.

Holistic: An approach looking at all the needs of a person, for example, advising on housing, employment, benefits and leisure activities, as well as focusing on mental health needs.

Individual Budgets: An individual allocation of money, which can be used flexibly by a service user to provide for their own support needs. Also referred to as Personalised budgets.

Mental Health Review Tribunal: Hears appeals from people who are subject to detention or control under the Mental Health Act.

Move on principles require that service providers effectively plan and monitor service user's treatment and care to avoid building dependency and to enable access to less intensive mainstream services.

Open access services in mental health are available without the need for a person to be on CPA.

Outcome-Based: Measures used by commissioners to ensure that services have a positive impact on service users' lives.

Practice Based Commissioning: A group of General Practitioners, which commissions services for their local population.

Primary Care: In mental health, primary care is a term used for health care providers who act as a first point of consultation/treatment for patients e.g. GP and includes some community services.

Primary Care Trust: (PCT) Primary Care Trusts are responsible for planning and commissioning health services for their local population.

Psychological Therapies Are useful for complex problems including prolonged reactions to distressing life events. These encompass a range of specialist interventions from trained therapists.

Psychosis: A general term for a state of mind in which thinking becomes irrational and/or disturbed. It refers primarily to delusions, hallucinations, and other severe thought disturbances.

Recovery Model: Emphasises that while individuals may not be able to have full control over their symptoms; they can through appropriate treatment, care and support retain control over their lives.

Secondary Care: Specialised mental health services and inpatient hospital care. Access is usually via referral from primary health care services.

Self-Directed Care: A new approach, which allocates money to service-users, enabling them to have direct control over services they receive.

Spot purchasing involves a PCT or Council contracting for the care of a named person with a service provider.

Supervised Community Treatment (SCT): A new power under the 2007 Mental Health which will ensure that some people continue to receive their required medical treatment following discharge from Hospital.

3. Current Mental Health Strategy and Vision

The following documents detail the strategic and commissioning intentions of the partners to the Pooled Fund:

- Suffolk Mental Health Strategy – July 2006
- Gt Yarmouth and Waveney PCT Mental Health Strategy (currently draft)
- Mental Health Vision - August 2007- Suffolk CC
- Pooled Fund Review – February 2006
- Suffolk PCT – Improving Access to Psychological Therapies – Report from Coddendam II Conference

Following the strategies and commissioning objectives within these documents, commissioners intend to use the Pooled Fund to:

- **Commission services that increase the focus on prevention and well-being agendas from within existing resources.**
- **Develop clear, outcome-based service profiles to ensure effective re-tendering for contracts and improved contract monitoring with providers**

- **Re-model or decommission services that do not fall within the Mental Health Strategy or the Mental Health Vision.**
- **Move incrementally from a block-funded model of commissioning to a model that increases the amount of spot purchasing of some services; thereby freeing resources for the introduction of self-directed care through Individual Budgets.**
- **Achieve a more equitable geographical spread of service provision.**

4. Key Consultation Issues

Section 10 of this paper details the areas that we want to hear the views. In summary these are:

- Reducing block funding of some services to provide resources to implement Individual Budgets.**
- Re-commission day services to create a “Community Resource” model of service delivery.**
- Provide greater geographical equity of service provision.**
- Change the way in which specialist Information and Advice services are commissioned.**
- Gradually change the balance of spending by increasing the focus on open access to some services**
- Seek views on the proposal to make re-commissioned employment services open access.**

5. Current Pooled Fund Expenditure

Services provided under the Pooled Fund are a small proportion of the overall spending on mental health in Suffolk. For example at the time of the external Pooled Fund review the spending on the Fund was approximately 7% of total Health and County Council mental health spending. The partners to the Pooled Fund currently contribute as follows:

Table 1: PCT and SCC budgets for Pooled Fund

Contributor	Contribution	Percentage of Pooled Fund
ACS	£2,532,244	61.5%
Suffolk PCT	£1,337,222	32.5%

Gt. Yarmouth and Waveney PCT	£ 243,114	6%
Total	£4,112,580	100%

The Pooled Fund is spent on the following types of service:

Table 2 : Services Purchased

Service Type	Percentage of Pooled Fund
Supported Housing	50%
Community Support	13%
Employment	7%
Day Centres/Activities	18%
Advocacy	6%
Carer Support	5%
Information and Advice	1%

6. Geographical Spread of Services and Service Users

This section is a summary of a detailed Pooled Fund Needs Analysis, which uses data from November 2006 to November 2007; the full analysis is available as a supporting document to the consultation.

Both the Joint Strategic Needs Assessment for Suffolk (Version 6 – draft) and the Director of Public Health’s Annual Report, “Mental ill health – Effects on the population of East and West Suffolk, 2006,” showed that there were strong relationships between deprivation and mental ill health and between living in urban areas and mental ill health. The public health report also said that use of mental health services is more common among black and minority ethnic communities. These findings are replicated by the detailed analysis of usage of Pooled Fund services. The following are the headline conclusions from the Needs Analysis:

Employment Services show a good geographical spread, with the majority of service users living in urban areas.

Community Support Work achieves good coverage in most areas. There is no Pooled Fund community support service in Bury St Edmunds but this area is covered by a service provided by Suffolk Mental Health Partnership Trust.

Day services analysis shows there is a good geographical spread of services with most service users living in urban areas. In most cases service users do not have to travel far to access services, although this is not the case in some rural parts of north Suffolk.

Family Carer Services have a good coverage throughout Suffolk with the majority of service users living in urban areas.

Specialist mental health Information and Advice services are only provided in the west of Suffolk. The take up is overwhelmingly from west Suffolk, with the exception of some service users living in Ipswich and the surrounding area. The spread of service user addresses shows good coverage of west Suffolk. Re-tendering will have to address the issue of unmet need in east and north Suffolk.

Advocacy services provide good coverage across the county with most service users living in urban areas. Most service users are located close to one of the service provider locations, although a number have to travel a long way to access services.

Overall, most service users live in urban areas especially Ipswich, Lowestoft and Bury St Edmunds. There is a higher concentration of service users in the west of Suffolk. 4.8% of service users are from black and minority ethnic communities as compared to a Suffolk 2001 census figure of 2.8% of people saying that they were from such communities. The majority of services are provided in urban areas especially Ipswich, Bury St Edmunds and Lowestoft although a number outreach into surrounding rural areas. The deprivation maps in the Director of Public Health's Report highlight urban deprivation, but also show rural areas with above average deprivation. Whilst the current patterns of service provision and take up are addressing the major concentration of need in urban areas, re-tendering needs to ensure the needs of people in rural areas are met, with a particular focus on those rural areas identified as having above average deprivation levels.

7. Why do we need change?

a. The National Picture

In 1999 the Department of Health (DoH) introduced "A National Service Framework for Mental Health." In December 2004, "The National Service Framework for Mental Health – 5 years on", acknowledged that much more needed to be done to promote mental well-being, saying that: "the emphasis will move on from specialist mental health care...to the mental health and well-being of the community as a whole".

In May 2007, "Mental Health Ten Years On", recognised the huge strides that had been made in improving secondary care, but emphasized the need for similar improvements in primary care. The paper outlined the need for greater social inclusion for people with mental health problems, expansion of psychological therapies, especially Cognitive Behavioural Therapy (CBT) and development of services that are more responsive to black and minority ethnic communities.

The provision of further opportunities for self-directed care through the introduction of Individual Budgets in April 2008 will increase opportunities for choice and decision making by service users; enabling them to spend money on meeting their individual needs as they deem appropriate. Currently, services within the Pooled

Funds are block funded, but we cannot guarantee that service users will choose to access the same services when they are in direct control of an Individual Budget. Consequently, funds need to be found from within the current Pooled Fund budget for an increase in self-directed care.

b. The Local Picture

The Director of Public Health's Annual Report, "Mental Ill health – Effects on the Population of East and West Suffolk, 2006," shows that mental health problems affect one in three people over their lifetimes; at any one time, one in six adults has a mental health problem.

The Annual Report says that effective management of mental health and well-being can improve the management of long-term conditions such as diabetes and heart disease. There is considerable evidence highlighting the links between mental illness and long-term poor physical health. This evidence also points to the importance of housing, employment, good community support networks and opportunities for learning and leisure, as essential components of good mental health. In the Suffolk PCT area, the expected numbers of people suffering from a mental health problem every year is 147,000-178,000. Of these people: 130,000 will attend primary care; 57,000 will have been identified as having a mental health problem by their General Practitioner (GP); 12,000 will be referred to specialist psychiatric services and 2,900 will be admitted to a psychiatric hospital. This Annual Report does not include data for the Waveney area; therefore the numbers will be higher for the whole of Suffolk.

The Care Services Improvement Partnership (CSIP) has said in its "Designing Primary Mental Health Services Guidebook", that, "a third of GP consultations that take place have some kind of mental health component." The majority of individuals that contact their GP will be experiencing a common mental health problem such as anxiety or depression and their care and support may be best delivered in both everyday and primary care settings. CSIP go on to say "Only 24% of people with common mental health problems receive any treatment for their difficulties, mostly in the form of medication (20%) with only 9% receiving another form of therapy or counseling in addition to or instead of medication. In sharp contrast, 84% of people with a likely diagnosis of psychosis receive mental health care." This position is also highlighted in the Director of Public Health's Annual Report, which says that the health service will identify less than half the people who have a mental health problem and that less than 10% of such people will be treated by specialist mental health services.

In the "Review of the Care Programme Approach", DoH February 2007, it is proposed that current arrangements for "enhanced" and "standard" Care Programme Approach (CPA) will be phased out and that only "enhanced" CPA will operate in future. Local agencies will need to determine how the needs of those on "standard" CPA will be met in the future and this may have implications for primary care services.

c. The Pooled Fund Review (February 2006)

A comprehensive external review of the Pooled Fund was completed in 2006, ("Pooled Fund Review", Dr. D. Rowley, February 2006). This included wide consultation with users, carers, providers, and operational teams. Some of the key issues highlighted were:

- Geographical inequalities in the funding of some Pooled Fund services.
- Services had changed little in their direction or structure over many years.
- The "Move-on" principles implicit in the Recovery Model were not evident in some services, with evidence that some people may be locked into services.
- There appeared to be divergence between projects as regards value for money.

8. Pooled Fund Services – Current and Proposed

New Service Profiles

In order to re-tender for services new service profiles are being developed. Working groups have met to consider the profiles and a number of the documents are nearing the form required for the tendering process planned for June 2008. In summary the new service profiles are:

- Out-come focussed
- Provide greater clarity about the requirements of commissioners
- Show how the partners intend to move incrementally away from block purchasing of some services to enable more individual purchasing
- Contain targets for providers to help people successfully move on from specialist services
- Make clear statements about the requirements for services that pay full regard to the needs of black and minority ethnic community users
- Enable better contract monitoring
- Provide clarity about who can refer and who is eligible for a service

The proposal to reduce the level of block funding for some services is one of the key consultation issues that we want to hear your views on.

a. Employment Services

7% (£281,0000) of the Pooled Fund is currently allocated to Employment services. There is one service that covers the whole of Suffolk (provided by a national organisation) and four smaller service providers. In the year to November 2007, 516 people accessed this service.

Unemployment is associated with social exclusion, which has a number of adverse effects including reduced psychological wellbeing, greater incidence of self-harm, depression, and anxiety. Work by Richard Layard for the Mental Health Policy Group, shows that discrimination still exists in the employment market i.e. fewer

than 4 in 10 employers indicated that they would consider employing a person with mental health problems, compared to 6 in 10 who would consider employing a person with physical health problems. In "The Depression Report", Layard says that 40% of people receiving Incapacity Benefit have depression/anxiety and estimates the loss of output at £12 billion a year (1% of total national income).

The new service profile for employment services will seek providers able to deliver a wide spectrum of skills and resources, ranging from individual support to structured work programmes. In every case an individual support plan will be produced that forms part of the overall care plan.

The five current Pooled Fund employment services are only open to people on CPA. There are arguments in favour of continuing to target the service at people with the most complex needs, as they require a high level of skilled input to achieve employment. However, there is also a case for more open access to employment services, as this can provide timely help in gaining or resuming employment.

Commissioners are proposing that the employment service will be open access. The service profile will identify the target users for this service as either being on CPA or having complex needs in relation to employment, which require a specialist employment service, although they are not on CPA. We want to hear your views on the future eligibility criteria for access to employment services.

b. Community Recovery Worker Services

13% (£564,000) of the Pooled Fund is currently spent on Community Support Workers. This is spread between four providers and eight different projects in East Suffolk, Ipswich, Lowestoft and Sudbury. In the year to November 2007, 311 people received this service.

A new Service Profile is being developed for Community Recovery Workers who will provide focussed individual support to people at home. The following key areas will be integral to the service:

- Assistance with developing independent living skills e.g. shopping, meal planning.
- Assistance with housing issues.
- Working with other agencies and providers of education, leisure and learning.
- Development of excellent working arrangements with agencies involved in employment, training and volunteering.
- Providing or arranging for advice and assistance with finances, benefits, etc.
- Encouraging participation in community activities.
- Undertaking focused recovery work e.g. exposure work for people with severe agoraphobia.

The service will operate with individual service plans, which are focussed on goals and reviewed quarterly. Community Recovery Work will continue to form a

significant part of Pooled Fund expenditure: eligibility will be limited to people with severe and enduring mental illness, who meet the Fair Access to Care criteria (FAC's) and are currently subject to the Care Programme Approach (CPA).

c. Day Centres and Day Services

18% (£735,000) of the Pooled Fund is currently used to fund day services and day centres. The recent Needs Analysis showed that in the year to November 2007, 833 people used these services, with 674 current users.

The transformational changes brought about by the introduction of the National Service Framework for Mental Health (1999) largely passed day services by. However, more recently a number of specific policy and guidance documents have been published:

- “Mental Health and Social Exclusion” – Social Exclusion Unit (SEU), 2004
- “Segregation to Inclusion; Commissioning Guidance on Day Services for People with Mental Health Problems” – Care Services Improvement Partnership (CSIP), February 2006
- “Our Health, our care, our say: a new direction for community services” – DoH, 2006
- “Our choices in Mental health” – CSIP, November 2006

The direction given to commissioners in these documents is absolutely clear; that they need to “transform day services into community resources that promote social inclusion through improved access to mainstream opportunities,” (SEU Report, 2004). The CSIP commissioning guidance observes that, “... the vast majority of people with more serious mental health problems now live within their own communities. Although they may now be physically located within those communities, too often they remain apart from them; living, working and spending their leisure time in a range of specialist mental health provision. Such segregation limits both the opportunities available to people who experience mental health problems and the wider community’s understanding and ability to accommodate them.”

Some day service projects in Suffolk have already begun to move away from delivering a segregated, buildings based service towards a service delivered through the use of community facilities such as libraries, community centres, leisure centres, educational provision, cafes, etc. It is our intention in the longer term, only to commission services that are planned around individual needs; which help support people with mental health problems back into mainstream community activities and provide improved links with and opportunities for employment. A new “Community Resource” service profile is being developed to fully describe the new service that commissioners want to purchase. It is anticipated that some people who are currently referred to day services could in future be more appropriately referred to Employment and/or Community Recovery Worker services.

Current day centres and day services support a large number of service users. It is the intention of the Pooled Fund partners to ensure that detailed transition plans

are developed to ensure that we remain focused on service user needs as we move from “traditional” buildings-based services to the new model of service delivery. Where existing providers of day care are successful in gaining contracts for the new community resource service, transitions will be more easily managed within the six-month period allowed for in the timeline at 14 below. However, in cases where existing providers do not bid for new contracts, or are unsuccessful in the tender process, transitional timescales may need to be longer to ensure that robust plans are put in place to re-assess the needs of service users; following the “Adult and Community Services De-Commissioning Framework” (CSIP February 2007) and using staff from Community Mental Health Teams wherever appropriate.

Commissioners are proposing to re-tender for day services using a service profile that follows a “Community Resource” model. We want to hear your views on this proposal.

d. Family Carer Services

5% (£217,000) of the Pooled Fund is currently spent on family carer services. In the year to November 2007, 434 family carers accessed these services. The majority of the resources are allocated to one provider working across Suffolk. The Carers’ Grant (a separate funding stream) is used to fund respite places and wider family carer services, such as Suffolk Respite Care. It is not proposed to re-tender for the respite care beds provided by the Pooled Fund at Kirkley Cliff in Lowestoft and Hospital Road in Bury St Edmunds, or for the carers’ respite at home service that operates in West Suffolk. Individual Budgets could in future be used to access Adult Placement schemes or to arrange short breaks.

The continuing emergence of community models of care to replace acute hospital provision will increase the need for support to family carers. An open access specialist support service for family carers of people with mental illness will continue to be commissioned via the Pooled Fund. It may be appropriate for some family carers of people with mild to moderate mental illness to access generic family carer services, commissioned elsewhere.

The DoH provided commissioning guidance in, “Developing services for carers and families of people with mental illness,” November 2002. This states that: “Engagement of carers at, or as soon as possible after the first episode of illness will be particularly beneficial in improving the long term prospects of those involved, as this is often when carers have their first contact with mental health services and need information.” The guidance says that family carer support services should provide: support and advice (including advocacy), information, access to breaks/respite care and other assistance including education and training. The new service profile for family carer services is designed to reflect the commissioning advice above and to ensure that we can measure the effectiveness of the service in empowering and supporting family carers.

e. Information and Advice

1% (£48,000) of the Pooled Fund is spent on specialist Information and Advice. All of this expenditure is with one provider in West Suffolk. In the year to November 2007, 2,675 people used this service. The existing service offers support, signposting, advice and information.

It is inequitable that West Suffolk alone should benefit from a specialist mental health information and advice service, whilst people elsewhere in Suffolk have to rely on other (frequently non-specialist) information and advice networks. Whilst the ideal solution might be to replicate the West Suffolk model across Suffolk; funding constraints on the Pooled Fund mean that this could only be achieved by making economies in, or de-commissioning other front line services.

In “Putting People First” (DoH, December 2007) local agencies involved in delivering adult care are encouraged to develop “universal information, advice and advocacy” services and in Suffolk discussions are underway on this theme with the Libraries and Information service. A wide range of mental health advice and information is becoming available through, GP’s, GP Link-workers, Libraries and other Pooled Fund providers. Commissioners are proposing to develop specialist information and advice services by pursuing discussions with Libraries and including a requirement to provide information and advice within all the new service profiles for open access services. There is a network of 44 public libraries across Suffolk which already has public access points where people can get information and advice, receive signposting and obtain help.

We want to hear your views on the proposal to commission information and advice services through Libraries and a specific requirement within new service profiles for open access services to provide information and advice.

f. Advocacy and Service-User Representation

6% (£269,000) of the Pooled Fund is currently spent on two providers; one provides countywide specialist advocacy services for people with mental health problems (in the year to November 2007, 262 people used this service). The other organisation provides a user voice and user representation at a range of meetings, as well as gaining user feedback; because this service is user led it is currently excluded from the requirement to re-tender.

Work undertaken by the University of Durham on behalf of the DoH, “Independent Specialist Advocacy in England and Wales; Recommendations for Good Practice” – June 2006, gives guidance for commissioning specialist advocacy services. The key recommendations are that advocacy should:

- Be on an individual, not a group basis.
- Consist of time-limited support
- Be both reactive (in responding to service user referrals) and proactive (ensuring that advocates make themselves known to service users and staff).
- Support service users and represent their views
- Feed back general issues raised by service users to providers so that services can be constantly improved.

The new service profile for specialist advocacy will incorporate the above principles as well as being more outcome focussed. The county council is conducting a review of all advocacy services and any early learning from the review will be used to model the service profile.

The introduction of the Mental Health Act, 2007 is likely to result in a need for increased specialist advocacy arising from an increase in the numbers of Mental Health Review Tribunals and the introduction of Supervised Community Treatment Orders.

9. Increasing the Primary Care Focus

Outside the Pooled Fund envelope, local commissioners have recognised the importance of investing in a range of preventative services, accessible to people with whose mental health needs are being treated in primary care. The introduction of GP Link-workers, Early Intervention in Psychosis Teams (EITS) and the further provision of Community Support Workers has increased the focus on primary care. Practice based commissioning should help to ensure that greater links are made between mental and physical well-being within primary care. In addition, planned local improvements in access to psychological therapies in primary care should ensure that GP's are able to direct people to a range of services e.g. psychological therapies such as CBT. Pooled Fund services should complement these developments in primary care. There is research evidence from a number of studies to demonstrate the effectiveness of primary care interventions, "Research Evidence on the Effectiveness of Self Care Support" – DoH, 2005/07.

The Pooled Fund is a finite resource and the partners recognise the need to be cautious in extending access to primary care users because of the impact that this could have on CPA users. It is proposed that a gradual opening up of some services (e.g. employment services) to primary care users takes place by changing the eligibility criteria. However, commissioners will keep these changes under regular review and eligibility criteria may have to be adjusted if CPA users are experiencing difficulty in accessing any services.

10. Summary of Proposed Changes

The key changes that the Pooled Fund partners are proposing when they come to re-tender for services are as follows:

- a. Incrementally reduce the level of block funding to some providers in order to free resources to enable further development of self-directed care through Individual Budgets. The services that may have reducing block funding include Community Recovery Work, Community Resource Work and Employment (although such services would be offered for direct purchase by Individual Budget holders). Incremental reductions in block funding are much less likely with, Advocacy and Family Carers. A financial model to guide these changes to block funding is being developed; this will draw

upon both the analysis of the national Individual Budget pilot schemes and local planning.

- b. Re-model day services to create a Community Resource model focussed on employment, leisure, and community involvement. This will mean moving away from traditional day services where users regularly attend a particular building for group activities.
- c. Provide greater geographical equity in the provision of some services.
- d. Provide specialist Information and Advice services through arrangements with the Library Service and a specific requirement to provide information and advice within service profiles for all open access services.
- e. Gradually change the current balance of spending between people on CPA and people with mild to moderate mental health needs, to increase the focus on primary care. This means that some service profiles will continue to restrict access to services to those on CPA, whilst other services will have referral arrangements enabling access by primary care service users.
- f. Change the eligibility criteria for employment services to open access.

Respondents to the consultation are invited to give their view on these proposals through the “Having Your Say” questionnaire and through a range of other consultation events.

11. How we will manage any Changes

The partners to the Pooled Fund are committed to ensuring that changes arising from the re-tendering process are managed to ensure minimum disruption for service users. Section 8.c above outlines the model that will be followed for re-commissioning day services. It is recognised that people can become very accustomed to particular services and may be fearful of possible changes.

A long lead-in time has been allowed for the introduction of new services (April 2009) and this will give transitional time for detailed individual planning around services and development of new provider services. Wherever necessary the detailed CSIP guidance on de-commissioning will be followed and CMHT staff and other specialist staff will be involved where appropriate.

12. What will happen if we do not make changes?

If we do nothing it will have the following consequences:

- We will not be able to promote services that prevent people getting more unwell

- We will miss an opportunity to shape future services in line with health and county council strategic aims
- More people may become over dependent on current service provision, therefore reducing their independence and opportunities for recovery
- Users, carers, commissioners, managers and providers will be unable to respond to the introduction of Individual Budgets
- We will retain current geographical inequities in service provision

13. Partnership with Providers

The Pooled Fund partners are committed to the development of excellent working relationships with providers. Many of the current Pooled Fund services are of a high standard and the aim is to ensure that these high standards are replicated throughout. Commissioners need to develop a partnership with providers founded in a shared vision that is about prevention, health promotion, recovery and social inclusion. Commissioners want providers who are flexible, committed to the county council and primary care trust vision/strategies and who, want to constantly improve their service, invest time in evaluation and work in partnership with other providers and public agencies.

European Law requires that we undertake a transparent and competitive tendering exercise for the Pooled Fund. This will enable existing providers to re-examine their strategic and operational direction and provide the opportunity for new providers, who can meet the service profiles, to tender for contracts. This exercise will therefore promote the achievement of best value.

14. Proposed Timeline

2008

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| 15 February | - Consultation begins |
| 18 May | - Consultation closes |
| May | - Analysis of consultation responses |
| May | - Report to Health Overview and Scrutiny Committee |
| June | - Tender advertisements placed |
| Mid-July | - Closing date for tenders |
| August/September | - Tender Evaluation Panels |
| October | - New contracts awarded |
| Oct -March 2009 | - Transition planning |

2009

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| April | - New contracts begin and old contracts end |
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15. How will the views of service users, the public and stakeholders be listened to?

The following documents that are attached to this consultation paper, describe how people can give their views:

- Easy read summary
- Having your Say questionnaire on key consultation issues

In addition to these consultation documents a comprehensive programme of meetings with stakeholders is being planned across Suffolk. Details can be found on the following websites:

- Suffolk County Council – www.suffolk.gov.uk
- Suffolk PCT – www.suffolkpct.nhs.uk
- Great Yarmouth and Waveney PCT – www.gywpct.nhs.uk

Access to all consultation documents and supporting information is also available on the Suffolk County Council, Suffolk PCT and Great Yarmouth and Waveney PCT web sites above.

All correspondence and completed questionnaires should be sent to:

Mental Health Pooled Fund Consultation
FREEPOST NAT 18364
Ipswich
IP1 2BR

The questionnaire can also be completed online at www.suffolk.gov.uk and submitted automatically. Otherwise you can send any queries, comments or concerns via email to mentalhealthconsultation@suffolkcc.gov.uk

16. Outcomes of Consultation

The consultation will close on the 18 May 2008. A summary of results of the consultation will be available on the Mental Health Pooled Fund Consultation website from July 2008.

References

- Adult and Community Services De-Commissioning Framework – CSIP, 2007
- Designing Primary Care Mental Health Services Guidebook – CSIP, September 2006
- Developing Services for carers and families of people with mental illness – DoH, 2002

- From segregation to inclusion; Commissioning guidance on day services for people with mental health problems – CSIP, February 2006
- Independent Specialist Advocacy in England and Wales; Recommendations for Good Practice – DoH, June 2006
- Mental Health and Social Exclusion – Social Exclusion Unit, 2004
- Mental Health Vision – Suffolk CC, August 2007
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Arabic

এই লেখাটি যদি অন্য ভাষাতে বুঝতে চান তাহলে নিচের নম্বরে ফোন করুন

Bengali

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Chinese

જો તમારે આ માહિતી બીજી ભાષામાં સમજવા માટે જોઈતી હોય, તો કૃપા કરી નીચેના નંબર પર સંપર્ક કરો.

Gujarati

بەم زانیاری هەشتەنێ ئێه ب ت گەهێهتی هه یارمەر پ و سیتیت بەگەئە
بکە. وهی خوارەم ژمارەندی بەهێوه بەزمان کێ تر تکایە

Kurdish

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Polish

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Portuguese

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