

## Hertfordshire Joint Commissioning Team- Adults of Working Age

*Report for PBC Leads and the Joint Professional Executive Committee 20<sup>th</sup> June.*

### Primary Mental Health & Social Care

#### *Joint Commissioning Context*

As you will be aware the commissioning of Mental Health forms part of the functions delegated by the PCT to the Joint Commissioning Partnership Board. This legal arrangement between the PCTs and Hertfordshire County Council under section 31 of the Health Act allows for the pooling of both Health & Social Care funds, in the areas of Mental Health, Substance Use and Learning Disability Services.

#### *Future Proposals*

Historically within Hertfordshire most secondary care Mental Health & Social Care has been provided by Hertfordshire Partnership Trust. However the Investing in Your Mental Health consultation and subsequent strategy highlighted the clear need to better integrate mental health services with Primary Care, both in terms of ensuring continuity and also in increasing choice to Service Users, Carers and Primary Care professionals.

To deliver this requirement, the Joint Commissioning Team are negotiating a strategy to reconfigure some Hertfordshire Partnership Trust's (HPT) existing community mental health resources with the goal of providing a far greater level of support for those persons who currently are not able to access mental health services because their needs are not deemed high enough to meet the secondary care threshold.

We have demonstrated the benefit of operating services in this way within three existing pilot sites within County (Letchworth, Watford, St Albans). Although operating in slightly different ways the sites have demonstrated the ability to offer increased choice, rapid access to psychological therapies and reduce onward referrals to Community Mental Health Teams by an average of 40%. Feed back from all sites has shown a very strong local support for these new services from both GPs and those accessing the service.

All of the pilot sites have adopted the NICE stepped care approach (**1 low- 5 High**) for the treatment of Anxiety & Depression at their core and provide a menu of options dependant on severity of need at each stage.

Having now evaluated the three pilot sites and looked nationally at this method of service configuration we are confident that our experiences are consistent with those borne out in other areas of the country.

### *Counselling*

Although these new services will provide far greater access and choice for primary care professionals in treatment planning with their patients who are experiencing a period of mental ill health, the service should not be considered to be replacing any existing or planned counselling services.

Indeed what we have learnt nationally is that where primary mental health teams are established, if this is not complemented by an effective counselling service- such as those already commissioned by some PBC groups within Hertfordshire, the new service will become rapidly engaged in providing support to persons with mild (1-2) needs rather than treating those with moderate (3) needs, significantly impairing the operation and outcomes of the new service.

To this extent it is imperative that PBC groups ensure investment in Primary care counselling is prioritised ahead of developing Primary Mental & Social care services.

### *Timescales*

Overall the delivery of this key aspect of Adult Mental Health & Social Care Strategy is planned to form part of the JCPB's negotiations with HPT in relation to their Foundation Trust Contract. This is significant because currently we believe that the clinical expertise and resource pool required to deliver this change sits within the incumbent provider.

Therefore in areas where the pilots are already established, it is anticipated that they will continue to increase their resources and achieve full capacity relatively swiftly following the formal agreement of the contract. For other areas where more resources and where more significant reconfiguration is required there will obviously be a greater time commitment, however as an integral aspect of the foundation trust contract this will need to be delivered over its life time of 3 years.

In taking this coordinated approach we are able to allow HPT as a county wide provider to maximise the use of their resources in the most prudent and cost effective ways, thus ensuring a consistency of provision across all areas within an agreed timescale and in a way that does not disadvantage any party or compromise patient care during the transition period.

### *Practiced Based Joint Commissioning*

To facilitate the delivery of local accountability for the new primary mental health and social care structures, JCPB are currently carrying out a Practice Based Joint Commissioning Pilot in Stevenage with the intension of developing a model of PBC that incorporates both the Health and Social care aspects of Mental Health services, and develops a commissioning processes that can be offered to other PBC areas, so as to

inform their role in the commissioning of local Mental Health and Social care services using an indicative pooled budget.

This development as well as delivering a locally sensitive service model, will also consider the Quality Outcomes Framework and prescribing cost benefits that the new services will generate for PBC consortia.

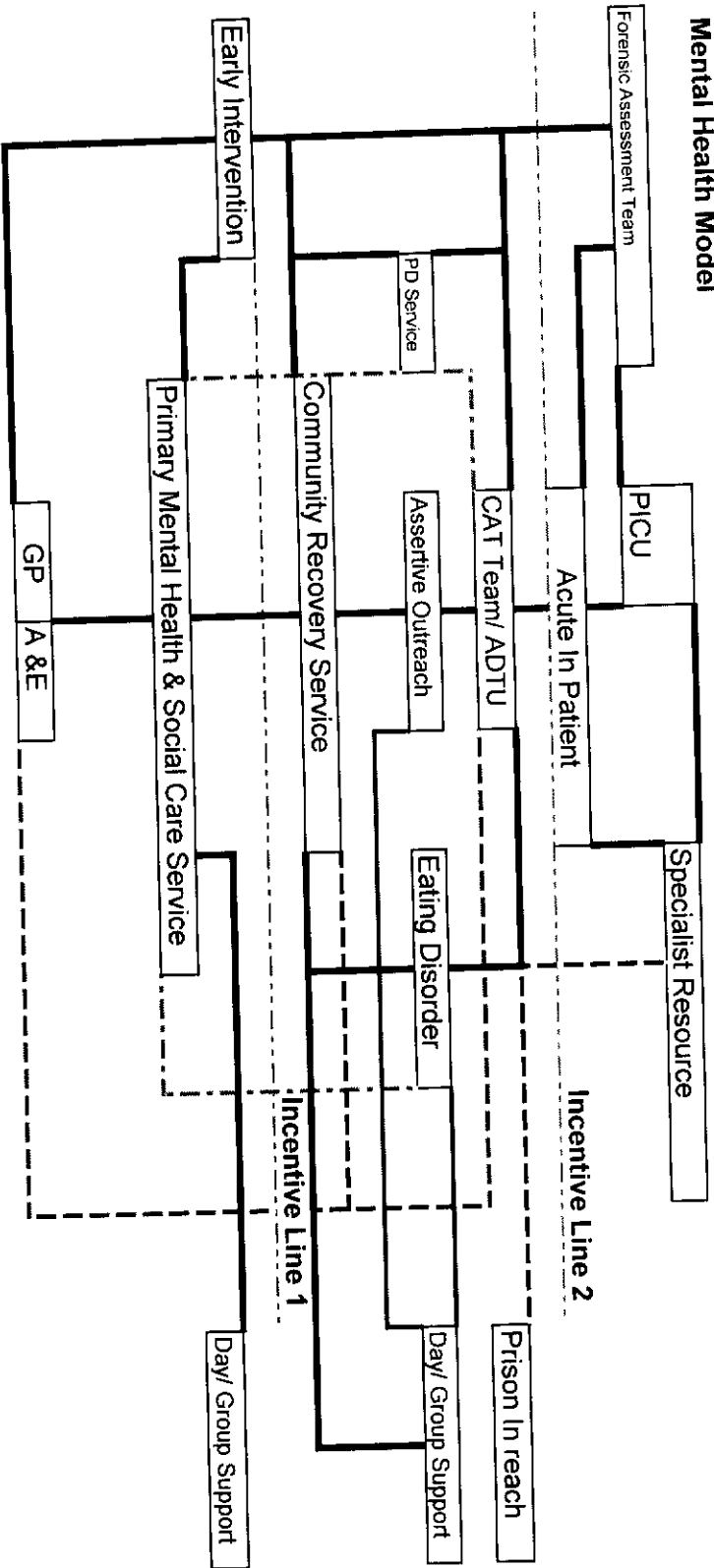
The Pilot, lead by Drs' Moodley & Munns hopes to be able to report on their initial findings in the autumn of this year.

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# Mental Health Model



NB. All activity goes along **Bold** lines, a dotted line indicates the scope for direct access outside central care pathway.