

# Central Bedfordshire Health and Wellbeing Board

**Contains Confidential** No.  
**or Exempt Information**

**Title of Report** Mental Health Stepped Care Model for Bedfordshire

**Meeting Date:** 3 April 2014

**Responsible Officer(s)**

**Presented by:** Judy Baxter

---

## Action Required:

1. Health and Wellbeing Board to receive report for Mental Health Services and to provide feedback on the proposed model.

---

## Executive Summary

- |    |  |
|----|--|
| 1. | This paper presents the Stepped Care Model for Mental Health Services in Bedfordshire. |
|----|--|

## Background

- |    |  |
|----|--|
| 2. | This paper presents the proposed new model for Mental Health services within Central Bedfordshire.   |
| 3. | <p>Comprehensive stakeholder engagement has taken place over the past eighteen months on Mental Health Services and the feedback from this has been reviewed against national best practice and a model for the future of local mental health services has been developed.</p> <p>A number of mental health contracts that BCCG hold are due to end in April 2014 and have been extended for up to another year, to enable a procurement process to be completed. This includes the contract for secondary care services, currently provided by SEPT. The procurement of Mental Health services has commenced with an advert on 14 March 2014 for four separate lots (Steps 1-3; primary care mental health, Steps 4-5; secondary care mental health, Rehabilitation and Recovery and Children and Adolescents Mental Health Services). The procurement process will enable us to transform local services into our proposed models.</p> |

<b>Detailed Recommendation</b>	
4.	The sole recommendation for this paper is for the Health and Wellbeing Board to receive the report and provide any feedback in relation to the proposed model.
5.	There has been comprehensive engagement with stakeholders to develop the proposed model. It is built on clinically sound practice and then extended to ensure that delivery of services is integrated and meets the outcomes identified by patients, carers and other stakeholders during its development. Only one model is being proposed.
6.	The outcome of this paper is that the Health and Wellbeing Board is informed about the developed model for Mental Health services within Central Bedfordshire and has an opportunity to provide feedback on the proposals.

<b>Issues</b>		
Strategy Implications		
7.	The proposed model supports improvement in Mental Health and Wellbeing by enabling people to get the most appropriate treatment at the earliest point in their illness which will improve their health outcomes, as well as supporting people to live well, using a recovery approach in the community.	
8.	This proposal is in line with BCCG's Delivering for Patients and their Mental Health Strategic Objectives.	
Governance & Delivery		
9.	The implementation of the proposed model will be managed through the procurement process and the Mental Health Change Board within BCCG, which have membership from Central Bedfordshire at both.	
Management Responsibility		
10.	Dr Judy Baxter is responsible for delivery.	
Public Sector Equality Duty (PSED)		
11.	The PSED requires public bodies to consider all individuals when carrying out their day to day work – in shaping policy, in delivering services and in relation to their own employees. It requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity, and foster good relations between in respect of nine protected characteristics; age disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.	
	Are there any risks issues relating Public Sector Equality Duty	No
	No	<i>Please describe in risk analysis</i>

<b>Risk Analysis</b>
----------------------

There are a number of risks associated with the procurement process which are being managed through the Procurement Steering Group but these are not associated with the implementation of this model.
--

---

<b>Source Documents</b>	<b>Location (including url where possible)</b>
Mental Health Strategic Objectives	<a href="https://www.bedfordshireccg.nhs.uk/page/?id=3713">https://www.bedfordshireccg.nhs.uk/page/?id=3713</a>

Presented by **Dr Judy Baxter**

## Introduction

- 12.1 Over the past eighteen months there has been a significant level of stakeholder engagement with patients, carers and other stakeholders regarding mental health services in Bedfordshire.
- 12.2 During our engagement with stakeholders, key priorities were identified to improve mental health services;
  - To commission services that help people to recover
  - To have a greater focus on prevention
  - To provide more employment support for people with mental health and psychological disorders
  - To simplify the structure of mental health services and the referrals process to make it easier to access support and treatment earlier
  - To increase the provision of talking therapies, including for children and young people, and reduce waiting times
  - To improve the physical health of people with mental health problems, and provide better mental health support for people with physical conditions
  - To ensure that everyone with a mental health problem has access to assessment, treatment and support from primary care mental health link worker with earlier access to help and intervention and improved communication with GP's.
  - To improve the transition from children's services
- 12.3 Working with our local authority colleagues, this has resulted in the development of a proposed Stepped Care Model for Mental Health services in Bedfordshire.

## Stepped Care

- 13.1 The National Institute for Health and Clinical Excellence (NICE) recommends a stepped care approach in the commissioning of high quality services for people with common mental health disorders.
- 13.2 In stepped care, people are first offered the least intensive intervention that is appropriate for them. If they need to, they can then move to another level. Subsequently, if their needs change, they can then either 'step up' or 'step down' to another level of intervention.
- 13.3 Within our local model, the stepped care model sets out five categories of mental health problems, ranging from initial recognition to those needing specialist care, it then identifies what professional/clinician would deliver the intervention at each step, according to severity.

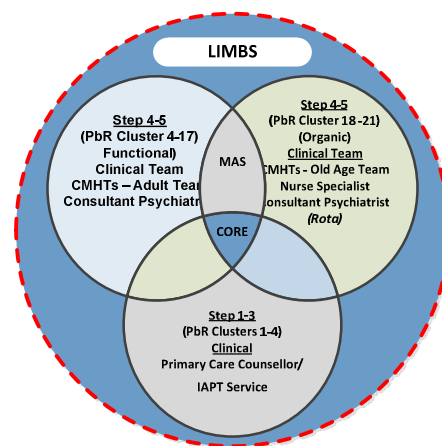
The framework in Appendix (i) describes the steps and expected interventions.

## Model for Bedfordshire

- 14.1 The Stepped Care Model for Bedfordshire recognises the need for integrated services across primary and secondary care, that are accessible and provide holistic, person centred care for people with mental health needs.
- 14.2 The proposed model will bring a more local focus to mental health services, providing four locality teams, one in Ivel Valley, West Mid Beds, Leighton Buzzard and Chiltern Vale across Central Bedfordshire. Within each of the four locality teams, there will be provision across all of the steps, from GP based counselling to mental health practitioners, consultant support and Memory Assessment Services.

This is demonstrated in the image below;

### Locality Integrated Mental Wellbeing Service (LIMBS)



- 14.3 In addition, there are services that cannot be provided on a locality basis, either because they are specialist, such as Eating Disorder service, Complex Needs Service (for people with a personality disorder) or resource wouldn't make it sustainable to do so, for example, in-patient beds and the Crisis Resolution Team.
- 14.4 The model for rehabilitation and recovery is also not being developed by locality as it is felt that this should be across Bedfordshire and integral to the local authority arrangements in place, to support the wider issues of housing and employment.
- 14.5 The diagram reflects the five locality teams, (four in Central Bedfordshire) and the wrap around services that will provide support across Bedfordshire.
- 14.6 Services will also be managed through a single point of access, which is essential in ensuring that people are appropriately referred to the right level of intervention based on a robust assessment and triage service.
- 14.7 The rehabilitation and recovery pathway has also been reviewed and

developed following a number of stakeholder engagement events. The proposed service will also be treatment and intervention focussed, but work with people in a more person centred way to optimise independence and keep people living well in the community.

How these services will be delivered, is reflected in Appendix (ii) and (iii);

#### Outcome Based Services

- 15.1 The development of our Stepped Care Model for Mental Health is also supported by a transition to outcome based service specifications. This is a value-driven approach to defining care and builds on the outcomes identified by patients and carers that are embedded into the contractual framework and used to monitor the performance of the services against them. Work is well underway in this in preparation for the new contracts for Mental Health services.

#### Summary

- 16.1 This paper is an overview of the proposals for developing Mental Health services within Central Bedfordshire and an opportunity for the Health and Wellbeing Board to understand the principles that underpin it and to provide any feedback to the commissioners.

**Dr Judy Baxter**  
**17 March 2014**