

**EAST AYRSHIRE COMMUNITY HEALTH PARTNERSHIP**

**COMMITTEE**

**Establishment of Mental Health Partnerships in Ayrshire and Arran**

**18 MAY 2009**

**Report by Director of Mental Health Services**

<b>Purpose:</b>	<b>To outline discussions regarding the establishment of Mental Health Partnership arrangements as part of East Ayrshire's CHP.</b>
<b>Recommendation:</b>	<b>CHP Committee is asked to approve the establishment of partnership arrangements in East Ayrshire.</b>

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**1. Background**

- 1.1 The requirement to establish Mental Health Partnership arrangements as an integral aspect of the CHP structures in line with NHS HDL (2004) 37, was discussed at the Strategic Alliance on the 4th of December 2008. The outcome of that discussion was an agreement to the proposed next steps with the caveat of amended time-scales.

The agreed process from the December meeting was:

1. One to one Director discussions on local partnership arrangements with Jim Crichton to talk through the potential models of partnership in more detail. (Jan 09)
2. Based on Director discussions, further development of the paper to include options for partnership models to be brought back to Alliance in February 09.
3. Facilitated event with Mental Health Partnership Board and other stakeholders to work through the various options and take further feedback. March 09.
4. Engagement with CHP Committees on the emergent proposals. April 09.
5. Endorsement of new arrangements June 09.

The following update, summarises feedback from step 1 and concludes action 2.

## **2 The Requirement For Mental Health Partnership Arrangements**

- 2.1 The strategic requirement for Mental Health Partnership arrangements were captured in the NHS HDL (2004) 37. This was supplementary guidance to the establishment of CHPs (Community Health Partnerships). The HDL clearly indicates that Mental Health Partnership arrangements should be both integral to CHP structures but also reflect the broader partnership at board level.

“This paper makes a case for local management of integrated NHS and local authority mental health services, normally through CHPs, within the context of a wider Mental Health Partnership which brings together CHPs within the area of an NHS Board” (p3)

- 2.2 The driver for establishment of Mental Health Partnerships stems from the joint future agenda and the recognition that effective response to our communities needs in this area requires effective joint working at all levels. That partnership working is required not only between Local Authorities and Health, but also with the third sector, service users and carers.

The most common issue underlying significant failures in care, is that of poor communication between agencies and a lack of coordinated approach. If partners are to minimise the risk of such incidents occurring locally, then effective partnership structures supporting integrated care delivery must be a priority.

- 2.3 In agreeing the Mental Health Partnership arrangements, we require to measure these proposals against the recommendations of the HDL. In summary these were to:

- provide leadership and adopt effective governance and risk management arrangements for delivery of the strategic framework
- devolve service planning and provision arrangements to CHPs within agreed outcome and service improvement targets
- avoid disconnected specialist services by managing community, primary and secondary mental health services
- give attention and allocate resources to health promotion and social inclusion priorities
- provide the necessary financial and other resources for planning and service redesign
- ensure linkages to appropriate Managed Clinical or Care Networks, which might be established to promote service redesign or a shared approach among mental health professionals, and to relevant tertiary services
- ensure child and adolescent mental health services within CHPs comply with the revised children’s services planning guidance, due to be published by the Scottish Executive shortly.

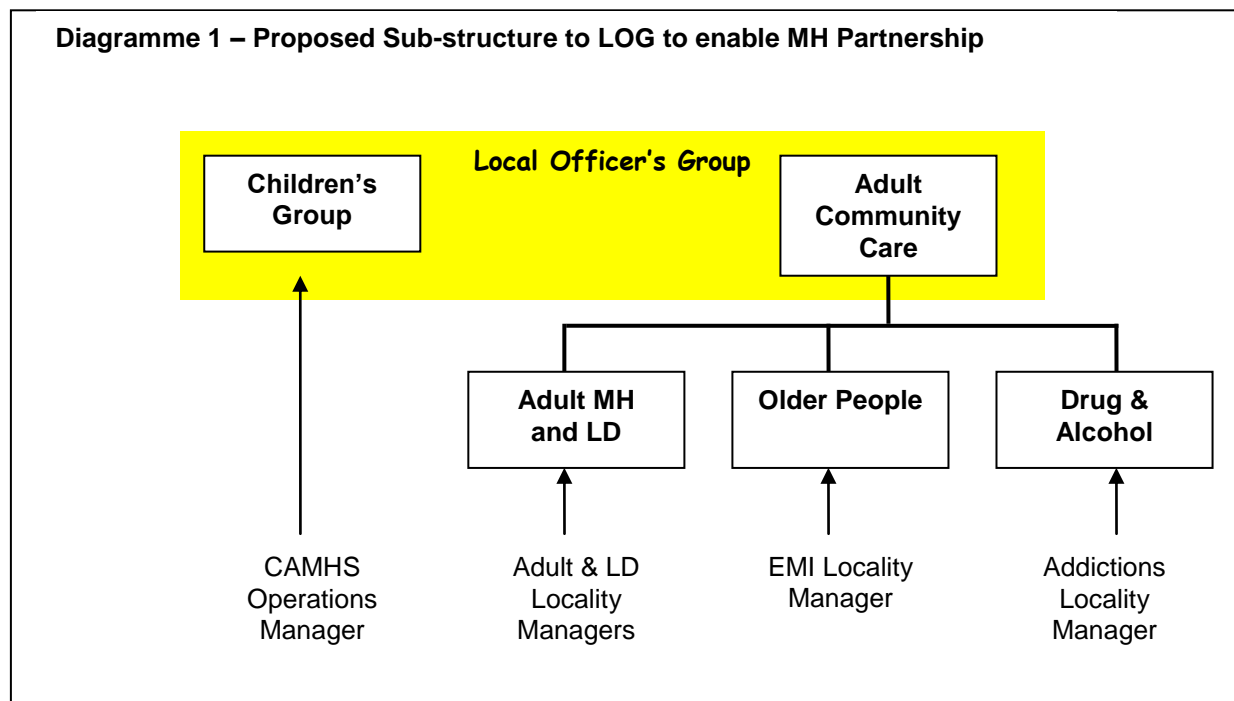
## **3. Feedback on Action 1: Discussion with Senior Officers regarding Local MH Partnership Arrangements**

3.1 Individual discussion took place on local partnership arrangements between Senior Officers from North, East and South Local Authorities regarding the requirements within their local areas. As the emerging themes were very consistent, it is possible to summarise these as a single framework of requirements (though the detail may vary slightly in each area).

3.2 The primary added value of Mental Health Partnership arrangements was to ensure that partners supported local managers managing services within care groups to work more effectively together to deliver shared outcomes.

It was recognised that the current Local Officer Group arrangements, were led by Senior Officers managing a portfolio of services. While that was important in agreeing and managing work streams to achieve SOAs, it would not in itself facilitate closer working relationships at care group level, nor would it specifically allow us to fulfil the HDL requirements in terms of preventing disconnected specialist services.

3.3 All parties agreed that a sub-structure to the Local Officers Adult Community Care Group would be required to achieve these goals. **Diagramme 1** broadly indicates the key care group areas that emerged from discussion and would need to be included.



3.4 While it was recognised that each CHP may choose to have additional sub-groups depending on local priorities (e.g. Health In-Equalities Group), it was agreed that in order for MH Services to engage with partners in care group structures, that these 3 sub-groups would be considered as a minimum.

3.5 It would be intended that CAMHs play into the existing Children's arrangements and that EMI are part of a generic older people's subgroup. The Drug And Alcohol group could be the local Drug and Alcohol Partnership which will be required from April 09 in any case. Adult MH and LD are specialty areas but cross cut Health and Local Authority care arrangements.

#### 4. Model of Partnership

##### 4.1 Model Of Partnership

By integrating the Mental Health Partnership arrangements with the new CHP arrangements, partners would be establishing an aligned model of partnership: ensuring that care is delivered collaboratively and that we have shared outcome targets and actions to meet these.

##### 4.3 What will Local MH Partnerships Deal With

It was agreed that the primary focus of the care group partnerships should be to

- Deliver excellent joint working within the local service network
- Deliver care group specific outcome agreements as agreed in the SOA and associated action plans as directed by the Adult LOG leads.
- Act as a source of advice to the Local Officer Group on areas of future service development / redesign.

##### 4.4 Cross Cutting Partnership Issues

- It was felt that the requirement for a pan-Ayrshire Partnership structure was unclear, given the existing forum of the Strategic Alliance. However, partners recognised the need to bring together representatives from the local partnerships on specific occasions for example Health Directorate visits etc.

##### 4.5 • Role Of Mental Health Programme Board

The work of the programme board in implementing the strategic review is coming to a conclusion with the launch of the new services in April / May of 2009. This requires further internal discussion, however it is not anticipated that this will form part of the future local partnership arrangements.

##### 4.6 Engagement with East Ayrshire CHP membership

This report has been considered and endorsed by both Officer Locality Groups and the CHP Forum in March/ April 2009.

## **5. Recommendation**

5.1 It is recommended that the Committee:

- i) Approve the development of partnership arrangements as part of the emerging CHP substructure
  
- ii) Remit relevant officers to ensure implementation and systematic reporting through the CHP structure

**Jim Crichton**  
**Director Of Mental Health Services**

5th March 2009  
Updated by K Kelly 1/5/09