

From: Graham Gibbens Cabinet Member for Adult Social Care and Public Health

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To: Adult Social Care and Health Cabinet Committee – 11 October 2016

Subject: **COMMUNITY MENTAL HEALTH AND WELLBEING SERVICE – LIVE WELL KENT**

Past Pathway of Paper Adult Social Care and Health Cabinet Committee December 2015
Joint SCHWB Directorate Management Team/Accountable Officer Meeting – 7 September 2016

Future Pathway of Paper: None

Classification: Unrestricted

Electoral Division: All

Summary: Kent County Council and all Kent's Clinical Commissioning Groups (CCG's) have commissioned a new **Community Mental Health and Wellbeing Service** called **Live Well Kent**. The service went live on 1 April 2016, and is for anyone over the age of 17 living in Kent.

The new service replaces a number of historically grant funded services and is jointly funded by Adult Social Care, Public Health and CCGs. The funding has been redistributed to ensure greater equity across Kent. The service is delivered through two Strategic Partners, Shaw Trust and Porchlight who manage a delivery network of providers to enable a wide mix of formal and informal support to local people.

The service was procured using a competitive dialogue approach, this is a relatively new approach for KCC and was also part of a national pilot on cultural commissioning.

This report provides an update on the process, outcomes, performance and governance arrangements for the new service.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the contents of this report and **COMMENT ON** the early progress made in commissioning the new service the performance information and the strategic direction of the new service.

1. Introduction and background

- 1.1 Kent County Council and the Clinical Commissioning Groups (CCG) are responsible for providing prevention, early intervention and recovery services for mental health and wellbeing. These services help prevent entry into formal social care and health systems, reduce suicide, and prevent negative health outcomes associated with poor mental health by aiding recovery and preventing relapse.
- 1.2 In the past, services have been separately commissioned by different agencies and this has often resulted in a person's fragmented experience of support and care. In line with national guidance set out in the NHS Five Year Forward View; a joint service has now been developed to give a more integrated offer of support. Some of the expected benefits of this new approach include:
- Improved outcomes for individuals
 - A consistent set of outcomes which will lead to a level of support to promote recovery and integrate people back into their communities
 - More effective use of resources by removing duplication between services
 - Greater clarity of how the funding is allocated e.g. – distribution of funding is now based upon need and activity
 - Improved transitions through wellbeing services, primary care and secondary care services, as well as facilitating transfer from secondary mental health services
 - Improved transition from adolescent services to adult mental health
 - Services that are person centred and co-designed with a no wrong door approach
 - The ability to measure the impact of the services and hold providers to account (by moving from grants to contracts)
 - Demand Management: As the prevalence of mental illness is increasing, this service forms part of a change in services towards a more preventative approach that is needed to help manage increasing demands for acute and secondary mental health services both now and for the future

2. Joint Strategic Principles

- 2.1 The new service will help to deliver the Joint Strategic Principles (Attached as Appendix 1) for mental health and wellbeing in Kent. It was agreed by the Adult Social Care and Health Cabinet Committee that a set of shared principles will replace the Live It Well strategy. These principles will reflect the Five Year Forward View and national policy. These principles will sit under the Health and Wellbeing Strategy and are in the process of being signed off by Public Health through the Kent Health and Wellbeing Board.

3. Vision for Live Well Kent

- 3.1 The vision for the new service is to keep people well and provide a holistic offer of support for individuals living with severe and enduring mental health. Everyone who experiences serious mental health problems has the right to

individually tailored support to engage in mainstream social, leisure, educational and cultural activities. The vision for this service is that this support will take place in non-stigmatising 'ordinary' settings, alongside other members of their community who are not using services.

- 3.2 The new approach puts a greater focus on outcomes and engages people in innovative ways to achieve these outcomes and is based on recovery and social inclusion principles. It offers a "**Life not a service ethos**" and will build resilience in communities through inclusive approaches to community development.

4. The Commissioning Process

- 4.1 An extensive programme of engagement, co-production and consultation took place from June 2014, with all key stakeholders, including people who currently use services (or who may do so in the future), carers, voluntary sector and community service providers, clinicians and a wide range of experts by experience and professionals. See Appendix 2 "We Said You Did report"
- 4.2 The service was procured using a competitive dialogue approach which enables potential bidders and commissioners to co-develop the final tender documentation through a number of themed discussions. Only when their proposals are developed to sufficient detail are tenderers invited to submit competitive bids. The process gave the opportunity for all bidders to gain excellent understanding of the requirements but also influence key tender documentation.
- 4.3 Service users have been involved throughout the process and regular updates have been given to the Mental Health Action Groups. An example of this is that service users developed the personal outcomes for the contract, they were part of the tender and evaluation process, they sat on mobilisation groups, were part of interview panels for new staff and also co-designed the branding for the new service.
- 4.4 The commissioning involved a large change management process. Commissioners have worked closely with the new Strategic Partners and existing Delivery Network providers to minimise disruption for service users. From January 2016, a number of providers, MPs, press and service users contacted KCC and the Strategic Partners during the tender process. All the 32 contacts raising concerns have been dealt with and are now resolved. Only five complaints have been received since the contract went live in April and there have been no further complaints since June 2016.
- 4.5 Throughout the mobilisation and transition phase a significant amount of work has been undertaken by both the Cabinet Member for Adult Social Care and Public Health and Officers to support providers in the delivery networks. This has included individual meetings providing support and exploring possible alternative funding opportunities, this is in addition to the support that has been provided by the Strategic Partners.

5. The contracting model

- 5.1 This service is delivered by a Strategic Partner model. This means that one larger organisation works with a network of providers called the Delivery Network. Together they deliver a range of outcomes including time limited practical support (such as debt advice or help with claiming benefits, housing related support, employment support and social prescribing.)
- 5.2 The Delivery Network will change and adapt over the life of the contract to allow new delivery partners to join the network. This is to ensure individuals accessing services have the best offer of support to meet their wellbeing needs and ensure flexibility and innovation over time. The network includes non-traditional providers such as those from the art and culture, sports and leisure and the natural environment sector.
- 5.3 The Strategic Partners who won the contract are Porchlight and Shaw Trust. These are both charities that were already involved in local service delivery and bring with them a great deal of knowledge and expertise. They will work very closely during the life of the contract to ensure to the best outcomes can be achieved for service users, to sharing best practise and reducing duplication.

6. The new service – Live Well Kent

- 6.1 The new service started on 1 April 2016 following a comprehensive mobilisation phase which began on 19 January 2016. The contract will be in place for five years with an option to extend for a further two years.
- 6.2 Some of the key outcomes ensure that people:
 - are connected to their communities and feel less lonely and isolated
 - have more choice and control and feel empowered
 - have access to a wide range of opportunities to support their personal recovery which includes life-long learning, employment and volunteering, social and leisure and healthy living support
 - are appropriately supported to manage their recovery
- 6.3 All services across Kent operate under a shared identity - Live Well Kent. Anyone over 17 can refer to the service via Freephone number, email, text or face to face. The service operates a no wrong door approach so the individual will be supported to access the right support no matter how they first get in contact with Live Well Kent. A leaflet detailing further information on the Live Well Kent service is attached as Appendix 3.
- 6.4 The service will offer tailored support from sign posting to ongoing support from a Wellbeing Navigator /link worker who will help explore different options to develop a plan to achieve the goals they have set. The ways in which people are supported can be flexible, person centered and can help people to make the best use of their community so they can be fully supported on their personalised journey to recovery. These workers will support people to access

a wide range of activities in the local community as well as services provided by the delivery network. (termed 'social prescribing').

- 6.5 The service will offer support to those discharged from secondary services and work to ensure Parity of Esteem. (i.e. that physical health and mental health have equal status) They will be supported to gain employment, maintain their housing, improve their health and engage in community activities that will help to support them to recover and stay well.
- 6.6 Social Care staff including the Kent Enablement and Recovery service are co-located in the new service to support delivery of the outcomes and aspirations.
- 6.7 The service is underpinned by a number of key principles. These include co-production, focus on inequalities, being preventative and using evidence based solutions.

7. Cultural Commissioning

- 7.1 It is important to Live Well Kent that people with mental health problems not only remain symptom free but also become active members of their community and gain meaning into their lives. One way of achieving this was to link Live Well to the Cultural Commissioning Programme. This work was part of the national Cultural Commissioning Programme (CCP). This a three year initiative funded by Arts Council England and has brought together the public and arts sectors to deliver better outcomes for people and communities.
- 7.2 The outcome of the tender has led to a number of arts and cultural organisations being part of the Delivery Network to encourage innovative ways to meet the outcomes, and the work will be a key part of a national report and set of recommendations on how arts and cultural organisations can be supported to deliver public sector contracts. (<https://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme>)

8. Measuring Impact

- 8.1 The impact and effectiveness of the service will be measured in a number of ways including:
 - **Personal outcomes** will be measured through a range of measuring tools including Short, Warwick, Edinburgh Mental Wellbeing Scale (SWMWBS), gaining employment, maintaining housing or achievement of personal goals at the end of the intervention and at six and 12 months
 - **System outcomes** will be measured through the Public Health and Social Care outcomes frameworks by measured changes in secondary care activity, joining up data via the NHS number to the Kent integrated data set
 - **Social value** will be measured through a number of measurements including volunteering, apprenticeships, recycling, local jobs created etc.

8.2 Performance Summary Quarter 1:

8.2.1 The first performance meetings for Live Well Kent took place in the week beginning 1 August 2016. The performance meeting format was based on a partnership approach.

8.3 Service User Referrals

8.3.1 The table below shows referrals for Live Well Kent broken down per commissioning Lot. Self-referrals and other statutory routes are by far the largest category of referrals made. Porchlight figures include people who were using services prior to Live Well Kent and therefore have higher referrals through the Delivery Network. Both Strategic Partners have been asked to provide a further breakdown of other statutory services referrals for quarter 2. Although the number of young people referrals are low, the Delivery Networks report that young people aged between 17 – 25 are also being referred through all other routes.

8.3.2 There are a large number of people this quarter unable to be signed up; this is due to the number of people referred through the mobilisation phase where insufficient information was provided by the Delivery Network to enable contact.

	Porchlight Lot 1 Dartford Gravesham & Swanley / Swale	Shaw Trust Lot 2 West Kent	Shaw Trust Lot 3 Ashford Canterbury & Coastal	Porchlight Lot 4 South Kent Coast Thanet
Referrals Number	118	107	105	273
Ref: Delivery Network	68	13	7	50
Ref: GP	27	49	36	63
Ref: Other Statutory	75	32	39	144
Ref: All other DN/orgs	91	79	110	127
Young People referrals (referrals from CAMHS and other specialist children services)	6	<5	0	10
No of referrals	383	282	299	665
Unable to sign up	94	114	102	203
Sign up's	289	168	197	462

8.3.3 Referrals to the Delivery Network are lower than expected in quarter 1, particularly in the Shaw Trust area. (20 referrals across Lots 2 and 3)

8.3.4 Shaw Trust is grant funding their Delivery Network until the end of December 2016. They will then award contracts through a procurement process to successful Delivery Network partners. Shaw Trust is working with the current Delivery Network to help them become tender ready and is identifying areas for action prior to the procurement process. The new contracts will start in January 2017.

8.3.5 Porchlight has issued five year contracts to the Delivery Network with clear break clauses. Contracts also contain performance indicators and if performance does not meet the required standard then contracts will be ended and new Delivery Network Partners commissioned.

8.4 Serious Mental Illness (SMI) and Common Mental Illness (CMI):

8.4.1 The numbers of people with SMI and CMI referred are higher than expected compared with referrals made under the previous grant funded arrangements.

In the first quarter in Dartford Gravesham Swanley & Swale (Lot 1)

- 96 people with SMI have a service (66% of the annual target)
- 15 people with CMI (32% of the annual target)

In the first quarter in West Kent (Lot 2)

- 84 people with SMI have a service (81% of the annual target)
- 82 people with a CMI (24%)

In the first quarter in Ashford and Canterbury Coastal (Lot 3)

- 70 people with a SMI have a service (53% of the annual target)
- 119 people with a SMI have a service (27% of the annual target)

In the first quarter in Thanet and South Kent Coast (Lot 4)

- 124 people with SMI have a service (57% of the annual target)
- 273 people with CMI (38% of the annual target)

8.5 Employment Support

8.5.1 Both Strategic Partners report that employment outcomes are lower than expected. Both Strategic Partners are working with their Delivery Network to improve reporting and evidencing. It appears now that there was a lot of duplication in reporting outcomes through the previous grant arrangements. This will be reported to the executive group through the performance monitoring reports as it is too early to start making assumptions.

8.5.2 Both Strategic Partners will also be working with the Community Mental Health Teams and Improving Access to Psychological Therapy providers across Kent to improve referral rates.

8.6 Making Every Contact Count (MECC):

8.6.1 This is a Public Health Target to ensure that life style information is provided during any contact. Brief advice and interventions have been delivered across Kent, exploration through the formal performance meeting has found that in Dartford, Gravesham, Swanley and Swale areas, they are achieving high numbers of MECC advice and interventions, 114 for physical activity, alcohol 114, smoking 112, healthy eating 113 and sexual health 112. This was achieved through training Delivery Network partners and key staff. All other Lot figures are very low and this good practice will be shared and monitored going forward.

9. Governance Arrangements

9.1 There are robust governance arrangements in place where CCGs, Public Health and Adult Social Care come together, further detail on these governance arrangements can be found at Appendix 4. The function of the Executive Group will provide oversight of:

- The contract
- Monitoring performance
- Finance and quality of services
- Future strategic direction

9.2 The Executive Group will also have oversight (via dashboard reporting) of the interdependencies in line with statutory responsibilities / services and escalate when needed: These will include

- Specialist Primary Care nurses (East and West Kent) – CCG
- Social workers – KCC Social Care
- Drug & alcohol services – KCC Public Health
- Children and Young People’s mental health services – KCC / CCG
- Early Help – KCC Education and Young People
- Healthy Lifestyle – KCC Public Health
- Kent Enablement and Recovery Service – KCC Social Care

10. Service User Quotes:

Shaw Trust

“When you’re in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I’ve learnt to say ‘no’ and step back at the right time before I’m overwhelmed.” Leng

“For the last 30 years I never knew I had a voice until I came to Live Well Kent.”
Michael

“I felt like the door had been opened for me to be able to move again” Denise

Porchlight

“You probably won’t realise what a big help you’ve both been already. I don’t feel completely on my own anymore.”

““I wanted to thank you so much for your efforts. The fact that you were someone on our side that we could talk to honestly and you were positive about him and I, trying to sort out our situation was really appreciated”

“Although I do still suffer from down days, I am far better equipped to cope with them and recognise them for what they are. They no longer overwhelm me”

11. Conclusion

- 11.1 The integrated approach offers a unique opportunity to commission joined up services across social care, public health and CCGs, reducing duplication and ensuring best value across the whole spectrum of wellbeing.
- 11.2 The service will form a key part of an integrated pathway across the voluntary sector, primary care, mental health and social care, to ensure there is good quality outcome focused support for people with mental health concerns in the community. It will be delivered in line with national and local guidance, protocols and best practice and hope to achieve better outcomes for people with mental health and wellbeing needs across the whole spectrum of need.

12. Recommendation

12.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** the contents of this report and **COMMENT ON** the early progress made in commissioning the new service the performance information and the strategic direction of the new service.

13. Background Documents

None

14. Contact Details

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