

By: Andrew Ireland – Corporate Director for Social Care, Health and Wellbeing
Andrew Scott-Clark, Interim Director of Public Health

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

Date: 23 February 2015

Decision Number: 15/00003

Subject: **BUILDING A MENTAL HEALTH CORE OFFER**

Classification: Unrestricted

Past pathway: Adult Social Care and Health Cabinet Committee
15 January 2015

Electoral Division: All

Summary:

Kent County Council (KCC) is responsible for providing prevention and early intervention services for mental health. These services help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. Current services within the Core Offer are funded jointly by KCC and Clinical Commissioning Groups (CCG's), to the value of £3.68 million

There is a need to re-shape these services to meet increasing demand, re-balance investment, enable us to become Care Act compliant and provide a consistent offer. A business case has been developed to explain the need for a "Primary Care and Wellbeing Service". The implementation of this will result in moving away from grant funded services, lead to a co - designed new model of service and result in a procurement of a new service, anticipated to start in April 2016.

It is proposed to include £3.68 million in the core offer using the investment currently within employment services, informal community services, primary care community link workers, peer brokerage and service user expenses.

Recommendation: The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **AGREE** to fund the Mental Health Core Offer services by grant funding for 2015/16 as set out in the recommendation report.
- b) **AGREE** to the development of a Mental Health Core Offer - Primary Care and Wellbeing Service, with contracts to commence from the 1 April 2016.
- c) **DELEGATE** the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer, to undertake such actions as necessary to implement this decision.

1. Introduction

- 1.1 The purpose of this paper is to explain the vision to transform mental health and wellbeing services and create a Primary Care and Wellbeing Service". The approach will use investment in a more effective way to ensure Parity of Esteem for people experiencing mental health problems. The 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. KCC are leading this piece of work but will continue to work collaboratively with CCGs.
- 1.2 A core offer of support will be co-produced for people living with mental health needs in Kent communities. The new approach will put a greater focus on outcomes and engage people in innovative ways to achieve these outcomes. Services will be person centred and champion positive mental wellbeing within communities, by viewing service users as assets and encouraging them to play an active part in their communities.

2. Background

- 2.1. **National context:** Mental health is the largest single cause of disability and represents 23% of the national disease burden in the UK. Mental illness costs the UK economy £70–£100 billion per year; and only 25% of people with mental illness are receiving treatment. There is an unacceptably large 'premature mortality gap' resulting in huge health inequalities. (People with mental illness die on average 15 to 20 years earlier than those without, often from avoidable causes.)
- 2.2. **Kent Context:** There are an estimated 205,000 people living with common and severe mental illness in Kent communities. Around 5,000 to 7,000 of these will need a clearly defined care programme of support to avoid relapse and promote recovery. The rest will need variable, lower intensity support to stop them reaching a crisis point and unnecessarily entering into health and social care systems.
- 2.3. **Key drivers for change:**
 - **Strategic:** National and local drivers for action include No Health without Mental Health, Live It Well Strategy, Health and Wellbeing Strategy, Facing the Challenge, Preventing Suicide in England
 - **Statutory Responsibilities:** The Care Act makes it a requirement to deliver early intervention and preventative services for adults with mental health needs
 - **Demand Management:** The prevalence of mental illness is increasing and a change is needed to help manage demand for mental health services now and in the future
 - **Financial:** The proposed approach recommends a move away from grants to contracts, helping Commissioners to measure the impact of the services, ensure a greater transparency and equity over allocation of funding

3. Current services

- 3.1 There are a range of jointly funded services detailed below:

- 3.1.1. **Grant funded services:** are provided by the voluntary sector and aim to support individuals with mental health needs to integrate back into their

communities. These are joint funded to the value of £4.9 million by KCC (Adult Social Care and Public Health) and CCGs. (Some of these grants will continue outside of the mental health core offer) These are annually awarded through 68 individual grants which are due to end on 31st March 2015.

Current services include:

- Informal day services
- Employment services
- Peer brokerage
- Service user forums
- Advocacy services
- Information advice and guidance services

3.1.2 Primary Care Community Link Worker Service: Is jointly funded by Adult Social Care, Public Health, and CCGs for a two year period. This was a two year competitively let contract, which is due to expire in October 2015. This service provides early intervention support to individuals with mental health distress to help them access community resources and to promote social inclusion. This service has already demonstrated improved outcomes for individuals.

4. A new approach: Mental Health Core Offer- Primary Care Wellbeing Service

4.1 The vision is to transform current services into a Primary Care and Wellbeing Service by April 2016. The aim is to provide a consistent core offer of support through person centred services which champion mental wellbeing within communities. This will include a holistic wrap around primary care service to support those with greatest need living in Kent communities. The model needs to sit outside of secondary mental health services to ensure that there is no role dilution. It will form a key part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public health initiatives to ensure there is appropriate, equitable, timely and cost effective interventions for vulnerable people in the community.

4.2 The new model will be co-produced with stakeholders, service users, their carer's and the public in order to help us determine what is valued and needed for Kent residents to remain well and supported in their local communities. Significant engagement work has already begun which has included a number of stakeholder events, consultation with Mental Health Action Groups and an insight gathering piece of work with people who do not current use mental health services, but may require support.

4.3 There are a number of benefits to the proposed approach. These include:

- Improved outcomes for individuals
- A consistent set of outcomes which will lead to a level of support designed to promote recovery and integration back into people's communities
- More effective use of resources by removing duplication between services
- Greater transparency of the allocation of funding - distribution will be based upon need and activity and will be awarded using a competitive process

- Improved transition through the pathway between well-being services, primary care, and secondary care as well as facilitating discharge from secondary 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)
- 4.4 New services will be outcome focused and have clear performance indicators that link to the Public Health Outcomes Framework. All public health outcomes link to high level indicators of healthy life expectancy and reduction in mortality and difference in life expectancy and healthy life expectancy between communities.

5. Procurement approach

- 5.1 Further work will take place to develop a model and procurement approach for the new service by moving from grant to contracts, Commissioners will be better able to measure the impact of services. The anticipated approach is to move to 4 area based contracts and to enable current providers to form a delivery network, led by a Strategic Partner. The contract design will make it possible to vary investment levels in the future, it is anticipated that some CCGs may want to invest additional resources to meet demands in their geographical area.
- 5.2 Current providers will have the opportunity to be part of the delivery network but some providers may not be successful. The approach to procurement will aim to ensure variation and diversity in the delivery network and help to ensure the value added by the voluntary sector is not lost. Support has been put in place to enable the voluntary sector to understand the changes and commissioning process. This support will be ongoing.
- 5.3 The model may be significantly different from the current service provision depending on the outcome of co-production activity and any changes will need to be carefully managed to ensure the aspirations and changes are understood and concerns quickly addressed. The process will be overseen by a multi-agency steering group to which all funders will be invited to be part of.
- 5.4 Equality Impact Assessments have been completed on individual grants and on the totality of this transformation programme and do not indicate negative equalities implications through this change. This document will continue to be reviewed as part of this transformation process and be owned by the steering group.

6. Next steps

- 6.1 A number of grants and contracts will be extended to 31st March 2016 to allow sufficient time to develop the new model and procurement approach. These are as follows:
- Grant funded services as described in 3.1 (1 year extension)
 - Primary Care Community Link Worker service as described in 3.2 (6 month extension)

- Contract with Kent and Medway NHS and Social Care Partnership Trust for the provision of Vocational Advisors (1 year extension)

A minimum of six months' notice will also be given around any changes in grant funded services in line with the Kent Compact.

7. Conclusions

7.1 This transformative approach will help create a core offer of services that support individuals, their carers and communities. It will help create Parity of Esteem for those suffering from poor mental health and enable them to become more resilient and find solutions for support within their communities. The vision is to commission a service that challenges the stigma of mental illness and creates the environment where people with mental health needs will recover, thrive and are accepted in their communities. Members will be kept informed of progress as services are redesigned into strategic partnerships in order to meet current and future demand.

8. Cabinet Committee Input

8.1 The 15 January 2015 Adult Social Care and Health Cabinet Committee considered the proposed decision and the recommendation report. Officers introduced the report and set out the background to and context of the core offer.

8.2 The committee resolved that the decision proposed to be taken by the Cabinet Member for Adult Social Care and Public Health, to provide grants for one further year, 2015/16, and then to award contracts for mental health services, as detailed in the report, from 1 April 2016, be endorsed, taking account of the comments made by this committee.

9. Recommendations: The Cabinet Member for Adult Social Care and Public Health is asked to:

- a) **AGREE** to fund the Mental Health Core Offer services by grant funding for 2015/16 as set out in the recommendation report.
- b) **AGREE** to the development of a Mental Health Core Offer Primary Care and Wellbeing Service, with contracts to commence from the 1 April 2016.
- c) **DELEGATE** the authority to the Corporate Director, Social Care Health and Wellbeing, or other suitable officer, to undertake such actions as necessary to implement this decision.

Contact Details

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Relevant Directors:

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Appendix 1 – Grants and contracts to be awarded in 15/16

| Employment Services |
|---|
| Blackthorn Trust Ltd |
| Kent and Medway Partnership Trust Vocational Advisors |
| Social Enterprise (Kent) Ltd |
| MCCH Society Ltd - Maidstone |
| MCCH Society Ltd - DGS Service |
| MCCH Society Ltd - Folkestone |
| Rethink Thanet Way Project |
| Shaw Trust - Ashford |
| Shaw Trust - Dover and Folkestone |
| Shaw Trust - Swale |
| Shaw Trust - Tonbridge |
| Shaw Trust - Herne Bay |
| Winfield - Maidstone |
| Winfield – DGS |
| Winfield – Tunbridge Wells |

| Informal Community Services |
|--|
| Ashford & Tenterden Umbrella Centre |
| Canterbury Umbrella Centre |
| Faversham Umbrella Centre |
| Folkestone & District Mind |
| Herne Bay Umbrella |
| Hythe Umbrella |
| Maidstone Mind |
| MCCH - Ashford |
| MCCH - Dover, Deal |
| MIND - DGS |
| Richmond Fellowship Thanet |
| Richmond Fellowship Sandwich |
| Sevenoaks Area Mind |
| Together |
| Tunbridge Wells Mental Health Resource |
| Whitstable Umbrella Centre |

| Service User Expenses and Peer Brokerage |
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| Canterbury and District Mental Health Forum -East Kent |
| Invicta Advocacy- North Kent |
| Sevenoaks Area Mind- West Kent |
| Canterbury and District Mental Health Forum |
| MCCH - Signpost Kent |

| Others |
|--|
| Porchlight Primary Care Community Link Workers |
| Sahayak Information and Support- Rethink |
| Maidstone Cruise |
| Personal Development Fund Sevenoaks Mind |
| Ashford and District Volunteer Bureau |
| Deal Pathfinders Social Club |
| Garden Gate Project |
| Moving In Fund KMPT |