

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
Andrew Ireland, Corporate Director of Social Care, Health and Wellbeing

To Adult Social Care and Health Cabinet Committee - 14 March 2017

Subject: **RECOMMISSIONING OF MENTAL HEALTH SUPPORTING INDEPENDENCE SERVICE AND MENTAL HEALTH HOUSING RELATED SUPPORT**

Classification: Unrestricted

Past Pathway of Paper: Social Care, Health and Wellbeing Directorate Management Team – 25 January 2017
Strategic Commissioning Board – 7 February 2017
Commissioning Advisory Board - 10 February 2017

Future Pathway of Paper: None

Electoral Division: All

Summary: This report sets out the case for including the Supporting Independence Services and the Housing Related Support Contracts within the existing Live Well Kent Contract.

Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts into the existing Live Well Kent Contract.

1. Introduction

1.1 Kent County Council has a statutory responsibility under The Care Act to meet people's eligible needs, currently the Council supports people living with mental health issues by providing a range of services and different types of support. This commissioning plan is in relation two specific services:

- Supporting Independence Service (SIS) current contract value £2.8m
- Housing Related Support (HRS) service current contract value £2.5m

A description of these services is attached as Appendix 1.

1.2 The SIS contract ends in September 2017, the HRS contract ends at the end of this financial year and will be extended by a single source justification to end in September 2017. This provides the opportunity to combine the budget

allocated to these separate services to create a new service which will better meet the needs of people with mental health needs.

- 1.3 Historically these two services worked in silos and were commissioned independently of each other. We have been working with people who use or have used support and other partners to develop a more integrated and outcome focused approach, we want to modernise this support in order to promote independent living and enable people to have their own front door. Key to achieving this is the continued development of a better range of housing options for people with mental health needs in order to realise the aspirations of Kent's [Accommodation Strategy](#).

2. Background

- 2.1 In January 2015, the Adult Social Care and Health Cabinet Committee endorsed a decision to develop contracts to deliver a primary care and wellbeing service within the mental health core offer, this service is now called Live Well Kent. As part of the future development of this model of support we envisaged if we were satisfied with the development and performance of our key Strategic Partners we would look to include both the SIS and the HRS contracts as part of the Live Well Kent delivery network.

- 2.2 To this end within the contract documentation for the community mental health and wellbeing offer, now known as Live Well Kent we included the following market shaping clause:

*'Additional elements may be added to the delivery of this contract during the lifetime of this contract. This would be agreed by both parties and may carry a different contract term. This may include such elements as Supporting Independence Services and/or Mental Health Supported Accommodation either directly provided or through other payment methods.
(This would not exceed the overall financial threshold or possible contract term of seven years).'*

- 2.3 In January 2015 the Adult Social Care and Health Cabinet Committee endorsed the decision to:
- AGREE to fund the Mental Health Core Offer services by grant funding for 2015/16 as set out in the recommendation report.
 - AGREE to the development of a Mental Health Core Offer - Primary Care and Wellbeing Service, with contracts to commence from the 1 April 2016.
 - DELEGATE authority to the Corporate Director of Social Care Health and Wellbeing, or other suitable officer, to undertake such actions as necessary to implement this decision.
- 2.4 This report is therefore presented to the Cabinet Committee for consideration and comment as formal governance has been previously agreed.

3. Key drivers for change:

- **Strategic:** national and local drivers for action include; The Care Act, No Health without Mental Health, Live It Well Strategy, Health and Wellbeing Strategy, Facing the Challenge, Preventing Suicide in England
- **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. Support to often focuses on crisis intervention we need to develop a more proactive and preventative system that promotes recovery and independent living.
- **Accommodation Strategy:** has evidenced a postcode lottery of mental health supported housing schemes and a consequent over reliance on residential care
- **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. Many others require access to advice, information and support to manage their condition and recovery.

4. Body of the Report

4.1 There have been two recent reviews of HRS, both reviews identified opportunities to reconfigure support and commission differently, highlighted duplication of support and over provision and identified that savings could be achieved by:

- Working strategically with partners and providers and exploring opportunities for collaborative working to achieve efficiencies
- Rationalising cost; different services have different rates ranging from £14 to £19 per hour
- Reducing duplication, waste and confusion
- Identifying and fixing gaps in pathways including making better use of the private rented sector
- Erasing 'artificial' boundaries between accommodation and community based services to create proactive *Move on Pathways*
- Stopping people getting stuck in services using rehabilitation/recovery approaches to ensure people maximise/regain their independence
- Better utilisation of tele-technology and equipment; especially to cover low risk night sits
- Incentivising Providers to promote people's independence and recovery

4.2 During the commissioning analyse phase a review was completed of the data and intelligence about both HRS and SIS services with the following findings:

- Assessment of purchasing practices of Community Mental Health Teams are not consistent, which has led to an inequitable allocation of resources
- Reviews are overdue leading to over provisions and the creation of dependency
- There is a postcode lottery of specialist accommodation

- Services are not flexible enough to respond to people's fluctuating level of need
- Missed opportunities to promote independence, meaning people become dependent upon support
- Difficulties accessing support mean people are scared to let go of support and face a fight getting support again
- That there is a fragmented market and providers are not enabled and supported to work collaboratively
- There is not enough move on accommodation in the community
- There has been a lack of community support alternatives, however Live Well Kent now brings a better range of options

5. Who we have we been listening to

5.1 The process began by holding a workshop that was openly advertised to all those interested in mental health services, in order to understand what works, what doesn't, and what should be done differently. Consultation with people who have experience of using these services has also been undertaken including:

- Visits to supported accommodation units across Kent to talk to residents about their experiences and ideas about what we could do better.
- Asking an independent social enterprise organisation, ActivMob, to conduct interviews with people who are using or have used services.

5.2 A series of follow-up workshops have been held with providers so they could actively be involved in helping shape the new model:

- Developing outcome measures - 12 December 2016
- Partnership and new ways of working – 14 December 2016
- Rewarding and paying for outcomes – 24 January 2017
- Developing move on accommodation – 27 February 2017

6. What could work better?

6.1 The services are not flexible enough to meet people's changing needs. The way both services are currently designed means that people generally receive a set level of support which only changes following a review with a social worker/care co-ordinator. In some cases people continue to receive the assessed level of support regardless of whether their needs change.

6.2 However, it is clear that by talking with people who have used these services that their mental health needs can change (up or down) at any time. The aim of the new service will be to provide flexible and responsive services that not only support recovery and independence but that can also respond to the level of support that people need.

6.3 This is especially important at times of crisis when a little extra support can prevent situations escalating and people becoming so unwell that they need to

be detained under the Mental Health Act and treated in hospital. This is damaging for the person's wellbeing and is expensive for the NHS and Social Care, so ensuring delivery of good preventative work, when needed is important.

- 6.4 There isn't enough of the right accommodation and what there is, is not used properly. Kent's [Accommodation Strategy](#) has shown that there is a disparity of mental health supported housing schemes with too many people having to live in residential care. A recent assessment has shown there are 100 people, or 34% of the Mental Health residential population, that could live in supported accommodation if there were enough of it.
- 6.5 The current supported accommodation schemes offer a high level of fixed support. When people first enter the service they have high and complex needs but as support and treatment helps manage their condition, they need less support. The current service has not been good at managing reduction of people's support, when appropriate, meaning services users having more support than they need. High levels of support for too long can create dependency and be a disincentive to people moving on. While moving to a more independent life can be challenging and troubling, not doing so reduces opportunity for people with mental health issues. This approach also delivers poor value for money and is a barrier to better use of the private rented sector.
- 6.6 In the future we want specialist accommodation to be used to support recovery and form part of a person's recovery journey with the aim that people ultimately have their own front door. Although the need for move on accommodation will not be fixed through the commissioning of this new service, through our co-production journey evidence has been gathered of the impact of not having the right move on accommodation. To this end The Kent Housing Group facilitated a workshop on 27 February 2017 to look at all issues surrounding access to appropriate move on housing. From this workshop an action plan will be developed to support the necessary system change.

7. Option for Achieving Desired Outcomes

- 7.1 The Live Well Kent (Community Mental Health and Wellbeing) Contract is delivered by a strategic partner working with a delivery network to ensure services are better co-ordinated and that there is a consistent outcome framework to assess impact.

Strategic Partners in this contract are:

- Porchlight
 - Dartford, Gravesham, Swanley and Swale
 - Thanet and South Kent Coast
- Shaw Trust
 - West Kent
 - Ashford and Canterbury

- 7.2 The Live Well Kent Contract has been live since April 2016; and the performance, attitude and delivery of our two Strategic Partners Porchlight and Shaw Trust has been impressive.
- 7.3 Since 1 April 2016 a total of 4,095 people have been referred to Live Well Kent with 3,157 formal sign ups. The remaining 938 referrals were not progressed to formal sign up due to:
- Insufficient or incorrect information provided by the referrer to make contact
 - Individual not made aware that a referral had been made on their behalf and did not want to progress
 - Individuals did not respond to communication
- 7.4 Our Strategic Partners are working with referrers to improve information and communication. They are also working in partnership to update the protocol regarding individuals who do not respond to communication.
- 7.5 Of the 3,157 people who have signed up to the service 1,142 declared they had a Serious Mental Illness (SMI) and 1,710 declared they had a Common Mental Illness (CMI). The remaining 305 people declared that they did not think that they fitted into either of these categories. Far more people than anticipated with a SMI access and use this service.
- 7.6 Both Strategic Partners continue to work with their delivery network to improve quality of service provision and their ability to evidence the impact their work is having on the outcomes that matter most to people and the system. Strategic Partners analyse data and information captured from their network to provide evidence to build efficiencies and shape future delivery.
- 7.7 Both Strategic Partners work in partnership with their network to ensure good practice that reflects national standards. By working closely with their delivery network they are able to respond to challenges and issues as they arise. Areas identified for improvement are discussed with the provider and actions are implemented. Partnership working and these quality reviews have led to improved outcomes for people.
- 7.8 Our Strategic Partners also work closely with a range of stakeholders, including our social work teams, district and borough councils, secondary and primary care services and a wide range of community organisations and community assets.
- 7.9 The Live Well Kent Partnership is working collectively to proactively promote wellbeing and tackle the stigma of mental illness.
- 7.10 Through our recent market engagement we have worked with providers explaining that we had this clause and may or may not use it. Through the use of co-productive techniques we have devised a new model of support and it has become apparent that through utilising this clause we can maximise funding drive efficiencies and get better more joined up models of support.

8. What people need and want from the new service

8.1 To support the co-design of this service we have worked with people who use, or who have used, these services to understand what worked well, what does not work so well and what needs to change in the future.

8.2 People have said they want a new service that:

- Enables them to have choice and control and treats them with dignity and respect
- Promotes their wellbeing and supports their recovery and helps them to remain independent
- Helps them build friendships and relationships and stops them feeling lonely and isolated
- Provides the right support where and when it is needed and removes the barriers to getting support
- Support needs must be person centred both at the beginning and throughout
- Who delivers the support is important and care should be taken to find the right match in terms of interests, sex, and compatibility
- Flexibility is key for all, and any support must be able to adapt to meet needs, which will change, people will have better times and worse times and support needs to be sensitive to this
- Support should recognise and “allow” people to move on, but be networked enough that they can be picked up again if needed and not have to fail or get into crisis to get back to some support
- Support should be enabling ‘allow us to do things’ rather than having to ask permission all the time
- Peer support is essential ... people want to give as much as receive

9. What the Health and Social Care System needs from the new Service

9.1 The new service will be designed to support outcomes that matter to people and also support improved access and flow in the health and social care system.

9.2 Through this new service we want to ensure that:

- People are supported to recovery from mental ill health and live as independently as possible in their own homes
- There are less people in residential care
- Improved discharge from Acute Mental Health settings
- More effective use of resources by removing duplication between services
- Improved transition through the pathway between services, primary care, and secondary care as well as facilitating discharge from secondary care services
- Improved transition from adolescent services to adult mental health services

- Ability to measure outcomes and impact of the service
- Ability to work more strategically with providers as partners
- Incentivise providers to move people through the service and/or gain an increased level of independence

9. Dependencies

- 9.1 Commissioning this service will support Phase 3 of the Adult Transformation Programme through the delivery of Your Life, Your Home for people with mental health issues. Analysis of data has identified that 34% or 100 people could leave residential care and live in the community with the right type of support.
- 9.2 This new service will ensure that capacity is created to support people to leave residential care. Along with the proposed block contract (detailed in Section 10 of this report) we will incentivise providers using additional Payment by Results (PbR). The additional PbR element of the contract will enable providers to support the programme and work proactively to maximise people's recovery journey promoting their independence.
- 9.3 The service will also support further integration of commissioning with the NHS. The NHS is a co-commissioner of Live Well Kent and will be able to purchase support through this contract. The NHS needs this service as they require a skilled, reliable and flexible community service to prevent crisis escalating and requiring mental health act sections and also to support timely and safe discharges from acute hospital settings.

10. Commissioning Plan

- 10.1 The recommended approach is to commission a new outcome focused model of support that combines the funding of the current SIS and HRS contracts. We will lead the commissioning and procurement process working closely with our Strategic Partners (Porchlight and Shaw Trust). When the contracts are signed the new services will become part of the existing Live Well Kent delivery network and therefore contracts will not be with the Council, but with Porchlight and Shaw Trust.
- 10.2 The intended contract length will be the same as Live Well Kent, based on a start date of 1 October 2017. This would be 42 months + 24 months extension period. In doing this, the full offering will be aligned, allowing for a single re-let at contract expiry (should this decision be taken at the time).
- 10.3 Funding will move away from being attached to individuals, with providers being paid to provide support within a certain area. This will allow providers to work with people, tailoring support to meet their needs. It will provide the flexibility to, where appropriate, increase or decrease the level of support someone receives without having to go through some of the time consuming processes currently in place.
- 10.4 The new model will be a block contract with additional PbR elements to support people leaving residential care or acute hospital settings. The block will be

managed with tolerances to allow for the ebb and flow of people through the service. Upper and lower limits will be set where the block payment will be considered, any discussion about changing the block payment will be informed by performance data which will include:

- The numbers of people supported
- The percentage of these people who are supported to be independent
- The percentage of these people who see their care needs decrease
- Improvements in people's wellbeing
- The achievement of personal outcomes and goals
- Reduction in acute admissions by the people supported
- Reduction of crisis interventions by the people supported
- Number of people supported into employment
- Number of people supported into permanent housing

10.5 Providers will be responsible for working with people to set and achieve goals that support their recovery and build their skills and confidence to live more independently.

10.6 The inclusion of these additional services within the Live Well Kent Contract will ensure the best use of resources and management of demand.

10.7 Working in this way will require excellent skills in contract management, building and working relationships, monitoring Key Performance Indicators (KPI), tracking use of additional PbR Funding, ensuring quality and ensuring new services are embedded into Health and Social Care pathways and used appropriately.

10.8 A robust performance tracker is in place to monitor the Live Well Kent Contract. This contains a set of co-produced KPIs and data set to track progress and measure impact. This performance tracker will be refined and updated to include the outcomes listed in 10.4 above and a dashboard and a set of quality markers will be developed to help us monitor performance effectively

11. Financial Implications

11.1 The combined budget for the new contract will be £5.3m less the saving targets as stated in Medium Term Financial Plan:

- £250k in 2017/18 making base budget £5.05m for yr 1
- £250k in 2018/19 making base budget £4.8m for rest of contract term

11.2 We will let these new contracts for 42 months plus a possible 24 month extension period to ensure that they align with the existing Live Well Kent Contract the contract value will therefore be:

- £16,925,000 without extension
- £26,525,000 with 2 year extension

12. Equality Implications

12.1 An initial EqIA (attached as Appendix 2) has found that there is medium potential for negative impact. The service will be open to all individuals assessed as requiring support with mental health and wellbeing issues and providers will be required to demonstrate adherence to equality legislation and the ability to meet the needs of individuals with protected characteristics. Evidence of this will be required as part of the tender response and reporting of protected characteristics will be built into contract monitoring arrangements.

13. Legal Implications

13.1 Strategic Commissioning will work with Legal Services and Corporate Procurement to ensure the new contracts adhere to procurement regulations.

14. Next Steps

14.1 The Care Procurement Team will work with Strategic Commissioning to produce a robust set of contractual documents (varying the Live Well Kent contract). This will include contractual clauses, a full specification and pricing schedule; KPIs and contract management documents. It is intended that the variation of the Live Well Kent model will happen in two stages.

1. Vary the Live Well Kent Contracts, including all necessary and appropriate commercial clauses, to enable the Strategic Partners to undertake these services on behalf of the Council. Both Strategic Partners have confirmed they are keen and capable of delivering this requirement as part of the overall Live Well Kent service offering.
2. Work closely with the Strategic Partners to appoint an appropriate, and suitable, delivery network capable of providing the required high quality services within scope and budget. We would seek to ensure the whole of market is engaged, as opposed to incumbents only, and work to facilitate this via networking workshops, 'speed-dating' style meetings and any other appropriate methods.

14.2 Following this, these new additional elements would be contract managed in the same way as Live Well Kent. Evidence to date suggests the Strategic Partners are undertaking strong contract management and putting action plans in place where necessary.

15. Conclusions

15.1 The Live Well Kent Contract has been active since April 2016. It is a new model of commissioning with key Strategic Partners working with, and through, a diverse delivery network ensuring people access the right person centred support to promote their mental health and support recovery from mental ill health.

15.2 We are satisfied with the performance and development of that contract and therefore now wish to enact the clause contained within the contract to include the supporting independence and the housing related support contracts as part of the Live Well Kent delivery network.

16. Recommendations

16.1 Recommendation: The Adult Social Care and Health Cabinet Committee is asked to **CONSIDER** and **COMMENT** on the proposal to include the Mental Health Supporting Independence Service and Housing Related Support Contracts into the existing Live Well Kent Contract.

17. Background Documents

Link to previous Key Decision and associated records can be found here
<https://democracy.kent.gov.uk/ieDecisionDetails.aspx?ID=736>

18. Contact Details

Report Author

Emma Hanson
Head of Commissioning
0300415342
emma.hanson@kent.gov.uk

Relevant Directors

Mark Lobban
Director of Commissioning
03000 415393
mark.lobban@kent.gov.uk

Penny Southern
Director Disabled Children, Adults Learning Disability and Mental Health
03000 415505
Penny.southern@kent.gov.uk