

**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE**

8 NOVEMBER 2016

**INTEGRATED COMMISSIONING OF MENTAL HEALTH
RECOVERY AND RESILIENCE SERVICES**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the Report

1. The purpose of this report is to invite members of the Committee to comment on the consultation on the proposed integrated commissioning of mental health recovery and resilience services.
2. The key aim of the proposal is to develop locality based mental health recovery and resilience hubs across Leicester, Leicestershire and Rutland (LLR) for people recovering from severe mental health issues or dealing with enduring mental health issues, both to help them to manage and maintain their mental health to avoid illness and to aid recovery if they do become ill.

Policy Framework and Previous Decisions

3. The relevant policy framework includes:-
 - The Care Act 2014;
 - Leicestershire County Council Medium Term Financial Strategy (MTFS) 2016/17-2019/20;
 - Adult Social Care Strategy ('Promoting Independence, Supporting Communities; Our vision and Strategy for Adult Social Care 2016);
 - The Five Year Forward View for Mental Health, NHS England;
 - Better Care Together Five Year Strategic Plan (2014).
4. The Care Act 2014 requires local authorities and health partners to work in partnership and integrate services where possible, in order to provide seamless support, avoid duplication and achieve best value for money. It states that local authorities must ensure the integration of care and support services with health provision where this will promote and support wellbeing, prevent or delay the development of need for care and support, or improve the quality of care and support.
5. The Better Care Together (BCT) Five Year Strategic Plan sets out the aims for health and social care to jointly deliver change in order to improve services through strengthening primary, community and voluntary sector care to deliver integrated support and ensure more people are supported at home or in the community. The intention is to achieve this through restructuring provision into

the most effective and efficient settings in order to improve health and wellbeing outcomes whilst reducing costs to the public sector.

6. The Adult Social Care Strategy 2016-2020 outlines the vision and strategic direction of social care support for the next four years. The life of the Strategy is matched to the life of the current MTFs in order to meet financial targets and implement the new approach to adult social care. A model has been developed which is a “stepped” approach, including the Department’s aims to work to reduce or delay the need for formal social care through supporting people to stay well and independent.
7. Mental health is one of the priority areas for development identified in the Joint Strategic Needs Assessment (JSNA) 2015, to support the BCT aims of citizen participation and empowerment, prevention and early intervention, and integrated, proactive care for people with long term conditions.
8. The new model of integrated preventative mental health services is proposed to support outcomes based commissioning and delivery of a progressive model of support for people with mental health difficulties in line with the principles set out in the Adult Social Care Strategy.
9. The views of customers and stakeholders are necessary to inform the new model and to determine how this can be best achieved.
10. A strategic review of the Mental Health Social Drop-in and Inreach Services commissioned by the Adults and Communities Department concluded that the current service model only partly matched future commissioning aspirations, would be unlikely to achieve the desired future outcomes, and could be delivered more efficiently.
11. On the 18 July 2016, the Cabinet agreed the consultation on the draft proposals for integrated health and social care commissioning of countywide mental health recovery and resilience support services.

Background

12. The proposed new model has been developed in partnership with colleagues from all three Clinical Commissioning Groups (CCGs), Leicester City Council and Rutland County Council following engagement with a range of stakeholders including current service providers, through a series of workshops led by Leicester City CCG with independent facilitation from the Implementing Recovery through Organisational Change programme.

Clinical Commissioning Collaborative Review

13. In 2015 local CCGs (East Leicestershire and Rutland, West Leicestershire and Leicester City) undertook a review of mental health grant service contracts to voluntary and community sector (VCS) organisations. Whilst positives were identified for a number of services, a number of concerns were identified, in particular:-
 - A number of services provided low level support services;
 - A high level of duplication both between services reviewed and with other health and social care commissioned services;

- Limited links with statutory mental health services (recognising services attempts to address this);
 - Activity-based rather than outcome-focussed performance information.
14. The review concluded that future commissioning should seek greater alignment across health and social care to maximise the potential return on investment and that “silo” approaches neither benefited commissioners nor providers.
 15. In summer 2015, BCT workshops concluded that locality based resilience and recovery services offered the best opportunity to strengthen preventative approaches within wider mental health services, develop local recovery networks and to minimise duplication across the sector.
 16. A LLR joint Health and Social Care Commissioner Project Group was therefore established to develop and deliver the locality based resilience and recovery commissioning model from 2017.

Current Service Provision and Review

17. The current County Council commissioned service is provided by Richmond Fellowship, which was awarded the contract through a competitive tender process in 2014. The service commenced 1 October 2014 for an initial period of two years, with an option for the contract to be extended for a further one year.
18. The service currently provides the following:-
 - Mental Health Social Drop-in sessions: 48 per week in various locations around the county;
 - Inreach Service: provided to individuals on an “as required” basis;
 - Peer Support: dedicated work to support the development of peer support groups or networks in response to identified opportunities (e.g. a group of people with a shared interest).
19. A strategic review of the current service provision by the Adults and Communities Department was completed in June 2016, which examined costs, future demand, effectiveness, throughput and strategic relevance. There is insufficient evidence to draw conclusions about current value for money, but the review concluded that the current service model only partly matches future commissioning aspirations and would be unlikely to achieve the desired commissioning outcomes. This review was also informed by a report from Healthwatch Leicestershire: “Lost in Translation”¹.

Demand for Services

20. Mental illness is the single largest cause of disability in the UK and each year about one in four people suffer from a mental health problem. Physical and mental health are closely linked – people with severe and prolonged mental illness die on average 15 to 20 years earlier than other people. However, only around a quarter of those with mental health conditions are in treatment, which

1

<https://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/Lost%20in%20Translation.pdf>

indicates potential for support which avoids crisis or need for long term interventions, as well as a possible reliance on community support.

21. The prevalence of mental health problems in England is significant; at least one in four people will experience a mental health problem at some point in their life and at any one time, one in six adults have a mental health problem. The rate of Leicestershire people in contact with mental health services was 2,085 per 100,000 population during April–June 2013 (6,154 people). This rate is significantly lower than the England average (2,176 per 100,000 population), which suggests that mental health service contacts should be higher than they are².
22. In Leicestershire, the number of adults predicted to have a mental health condition in 2015 is just over 98,000 and it is estimated that 66% of these (approximately 64,500 people) will have a common mental health condition such as depression or anxiety. The prevalence of depression in Leicestershire is higher than the England average. The majority of this cohort will live independently in the community, but may need to access support which can help them to maintain this and prevent the need for formal health or social care interventions.
23. Over the period 2015-2030, the number of adults (18–64 years) in Leicestershire with a mental health condition is not predicted to rise or fall, however mental health prevalence in older people (over 65 years) is expected to increase significantly, in line with the expected increase in the older population (increase of 39% by 2030)³.
24. Depression is the most common mental health problem in older people. An estimated 10–16% of people over 65 have depression and 2–4% have severe depression.⁴ The table overleaf shows estimates of the numbers of older adults aged 65 years and over predicted to have certain mental health conditions.

Projecting Older People Population Information - POPPI data on mental health conditions in older adults aged 65 years and over, Leicestershire, 2014 and 2030

	2014	2020	2030	% change 2014-2020	% change 2014 - 2030
Older adults with depression	11214	12819	16048	14.3%	43.1%
Older adults with severe depression	3554	4069	5283	14.5%	48.6%

Customer and Stakeholder Views

25. Leicester City, West Leicestershire and East Leicestershire and Rutland CCGs conducted an online public consultation exercise in late summer 2015. Consultation feedback highlighted the importance of locally based services which can meet cultural needs, the need for accessible mental health information and advice, and a mix of one to one and group support. The findings are attached as Appendix A.

² <http://www.lsr-online.org/uploads/mental-health-report.pdf>

³ <http://www.poppi.org.uk/index.php?pageNo=314&loc=&mapOff=1>

⁴ <http://www.lsr-online.org/uploads/mental-health-report.pdf>

26. Providers which have engaged in stakeholder workshops have welcomed the outcomes-based commissioning approach, the focus on early intervention and a non-clinical approach. There is support for strengthening locality based approaches, working closely with both primary and secondary care services.
27. A mental health focus group convened by the County Council (June 2016) gave very positive feedback relating to social prescribing and community activities that support both physical and mental health (eg. exercise referral schemes) but emphasised the need for a “navigator” role to support people to access these opportunities.
28. The above engagement exercises have been central in the development of the proposals for new integrated model.

Future Commissioning Proposals

29. It is proposed that the East Leicestershire and Rutland, West Leicestershire and Leicester City CCGs and LLR local authorities will jointly commission a set of locality based mental health Resilience and Recovery Hubs. Their aim will be to break down barriers so that individuals with a range of mental health needs are supported and assisted to live independently in the community and maintain their mental wellbeing and recovery, and to reduce or delay the need for any formal service intervention.
30. The aim of the proposed locality hubs is to increase capacity and improve people’s mental health resilience and recovery through accessible and co-ordinated support, co-produced with service users and the local community. The proposed model is considered to offer the best approach to managing demand in a joined-up and cost effective way.
31. Locality based Resilience and Recovery Hubs will help individuals with a range of mental health needs to stay well and live full lives. They will support a shift to improving health rather than responding to ill health. That means giving people the information to stay healthy, manage their condition and choose their treatments. The integration of care around the patient, peer support, asset based community development and technology based care will help implement a new model of care that supports personal choice and responsibility. The locality hubs will help model a different approach to recovery and mental health than that of traditional mental health services.
32. Resilience and Recovery Hubs would provide three distinct service elements:
 - Information and signposting for the community to support resilience, self-help and recovery;
 - Advice and navigation: support for people with multiple issues (and carers) to identify and understand their needs and to access the right services;
 - Supporting people to regain and sustain confidence to engage in everyday activities. This may be on a one-to-one basis or within small group settings.

33. Underpinning these three service elements will be the recovery support network, both local and across LLR, which will include the Recovery College⁵, peer support and will link to public health and community resources.
34. The service will be funded by reinvesting existing CCG and local authority funding, into an outcomes-based model. In Leicestershire it is proposed that the localities will align with the seven district council boundaries and funding allocations reflect the levels of population and mental health prevalence in each area.

Consultation

35. A public consultation exercise was initially planned to take place for nine weeks from 25 July 2016, however the start of consultation was delayed while partners undertook further work related to their individual governance processes.
36. The consultation commenced on the 3 October 2016 and closes on the 4 December 2016 and will seek feedback regarding the proposed model, and impact of an integrated commissioning approach. The consultation will be a joint approach by the commissioning partners, but there will be separate analysis of the responses relating to each local authority area.
37. The joint consultation survey is hosted by Leicester City Council, but is accessible via a link on the County Council's website and available as a hard copy on request. Key partners have been approached directly (including Healthwatch Leicestershire, Voluntary Action Leicestershire, and district council VCS leads), and there is a joint approach to dissemination across all stakeholders through partnership working across LLR authorities and the CCGs.
38. The consultation includes targeted engagement activity involving those who may be directly affected, particularly those currently accessing support from services commissioned by the Council. The current service provider is facilitating access to these customers through a series of engagement events, one in each district council area plus a further one for a specific Black and Minority Ethnic group where staff from both the Council and the service provider will support interpretation.
39. Leicester City Council is hosting four open consultation events at City Hall in November, and the County Council is hosting a dedicated event for providers on 26 October 2016, at County Hall in Glenfield. Officers will also respond to invitations to attend other groups and forums, subject to existing diary commitments.
40. The outcome of the consultation will help to further shape the model for future services, and guide future commissioning decisions.

Resources Implications

41. The budget for Leicestershire County Council commissioned mental health preventative services for 2016/17 is £345,030 per annum with an additional

⁵ An NHS college offering a range of recovery focused educational courses and resources for people with lived mental health experience, their friends, family and Leicestershire Partnership NHS Trust (LPT) staff

contribution of £31,031 from East Leicestershire and Rutland CCG (£14,358) and West Leicestershire CCG (£16,773) as part of a Section 256 agreement.

42. A contract variation has been applied for 2016/17 whereby an efficiency saving has been negotiated, reducing the contract value to £311,000.
43. If adopted, the proposed joint commissioning approach and new service model is planned to achieve further savings of £116,000 per annum from 2017/18 onwards in line with the 2016 MTFS.
44. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions (including Scrutiny)

45. A nine week public consultation exercise commenced on 3 October 2016 and will run until 4 December 2016.
46. A further report will be submitted to the Cabinet in February 2017 regarding the outcome of the consultation exercise, commissioning proposals and proposed implementation timelines.

Background Papers

- Report to Cabinet: 18 July 2016 – Integrated Commissioning of Mental Health Recovery and Resilience Services – <http://ow.ly/IHyo305vD2D>
- Promoting Independence, Supporting Communities: Our vision and strategy for Adult Social Care 2016) <http://ow.ly/Juhy301NffM>
- The Five Year Forward View for Mental Health, NHS England <http://ow.ly/tkLe301NfkZ>
- Better Care Together Five Year Strategic Plan (2014) – <http://ow.ly/o3oA301Nftz>

Circulation under the Local Issues Alert Procedure

47. The Cabinet report dated 18 July 2016 was circulated to all members of the Council via the Members' News in Brief service.

Officers to Contact

Jon Wilson
Director of Adults and Communities
Adult and Communities Department
Tel 0116 305 7454
Email; jon.wilson@leics.gov.uk

Sandy McMillan
Assistant Director (Strategy and Commissioning)
Adults and Communities Department
Tel: 0116 305 7752
Email: sandy.mcmillan@leics.gov.uk

Appendices

- Appendix A - Clinical Commissioning Collaborative Report: “Voluntary and Community Sector Funding – Engagement Findings. Leicester, Leicestershire and Rutland”.
- Appendix B - Clinical Commissioning Collaborative Equality Impact Assessment.
- Appendix C - Leicestershire County Council Screening Questionnaire.

Relevant Impact Assessments

Equalities and Human Rights Implications

48. As part of the Clinical Commissioning Collaborative Review involving the three CCGs, an Equality Impact Assessment was undertaken on the proposals (attached as Appendix B), which did not identify any negative impact, but highlighted the need for proactive support to disadvantaged and marginalised groups, which will be addressed through the service specification and procurement.
49. A separate Equality and Human Rights Impact Assessment (EHRIA) will be completed in relation to Leicestershire and the impact of a change in service model and reinvestment into the joint commissioning proposals, to be informed by the outcomes of consultation. A preliminary screening questionnaire has been completed (attached as Appendix C), and reached a provisional conclusion that the proposal should have a positive impact on the service.
50. The consultation process will further inform the emerging EHRIA and will be presented to the Cabinet alongside the consultation outcomes to assist the Cabinet with the exercise of its Public Sector Equality Duty under the Equality Act 2010. The Equality Act 2010 imposes a duty on the local authority when making decisions to exercise due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who have a protected characteristic and those who do not.

Partnership working and associated issues

51. Engagement with partners including, health, and independent and voluntary sector organisations in the production and delivery of the new model is critical.

Risk Assessment

52. Further work is required following the consultation to understand the probability and impact of risks and mitigations to address these.