

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE:
3 SEPTEMBER 2013

**STRATEGIC REVIEW OF ADULT PREVENTATIVE MENTAL HEALTH
SERVICES IN LEICESTERSHIRE**

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

- 1 The purpose of this report is to update members of the Adults and Communities Overview and Scrutiny Committee on:
 - The strategic review of adult preventative mental health services in Leicestershire;
 - The implementation of the proposed service re-design to the Voluntary Service Officers (VSOs) Service; and
 - Invite the Committee to make comments as part of the consultation on the proposed commissioning option for the Adult Mental Health Social Drop In and Befriending Services.

Background

- 2 In June 2013, the Cabinet approved a request to extend the contracts for the existing adult preventative mental health services up to a maximum of the end of September 2015, and also agreed to an additional extension to a range of prevention related contracts, to allow for further work on developing a new more holistic early intervention and prevention offer.
- 3 On 9 July 2013, the Cabinet approved a 90 day period of consultation on the proposed commissioning options for Adult Mental Health Social Drop In and Befriending Services and the implementation of the proposed re-design to the VSOs Service.
- 4 A strategic review of adult preventative mental health services in Leicestershire has been undertaken by the Adults and Communities Department. The review considered the following services which are currently commissioned by the Adults and Communities Department:
 - Adult Mental Health Social Drop Ins;
 - Adult Mental Health Befriending Services;
 - VSOs.
- 5 The purpose of the review was to further analyse need, map current supply of mental health services available from a prevention and early intervention perspective, and consider service models which offer the greatest opportunity to promote and retain an individual's independence and to prevent deterioration. The review was therefore concerned with highlighting commissioning options aimed at preventing an individual from requiring intensive support from health and social care services and considering

opportunities for better alignment with other local services and potential for joint investment.

- 6 As part of the strategic review and service modelling process, the views of existing providers, customers and carers were sought. Findings from the review process have informed the development of the proposed commissioning options.
- 7 The new commissioning options for adult preventative mental health services in Leicestershire have been developed to ensure that services meet demand, provide equitable access (both demographically and geographically), have a focus on positive outcomes for customers and carers, and provide value for money.
- 8 A total of six services were identified to be included in the review, including adult preventative mental health social drop ins and befriending services and the VSO:

Provider	Service Name	Contract Number/ Service Number	2012/13 Contract Value
Adhar Project	Social Drop in and Befriending Services	180/081	£31,041
Age UK	Social Drop in and Befriending Services	101/005	£119,340
Community Action Partnership	Social Drop in and Befriending Services	129/030	£98,028
Volunteer Centre Lutterworth	Social Drop in and Befriending Services	171/073	£3,600
West Leicestershire Mind	Social Drop in and Befriending Services	172/074	£160,579
Age UK	Voluntary Services Officers	101/006	£97,950
Total			£510,538

- 9 In addition, as part of the Carers' services review (currently underway), two dementia specific services have been identified which replicate the key functions of the VSO service. The funding for the additional services provided by the Alzheimer's Society (£22,295) has therefore been realigned to ensure a clear service offer across the Dementia pathway.

Social Drop in and Befriending Services

Current Service Provision

- 10 Many of the contracts have been established for a number of years. These existing services offer the following provision:
 - Social drop ins across the County in 21 locations;

- Befriending services in nine locations;
- Black and Minority Ethnic (BME) specific services in Charnwood (operated by the Adhar Project).

11 At the time of the strategic review in December 2012 there were:

- 478 service users attending social drop in sessions;
- 125 service users in receipt of befriending services.

12 Current contracts do not separate the funding for the social drop ins from the befriending services, however the service providers have estimated that approximately 30% of the budget is spent on befriending (other than the Lutterworth scheme which is befriending only). Relating these costs back to the contracts, the average cost per service user per week is:

Service Provider	Social Drop-In	Befriending
Adhar Project	£8.75	£73.62
Age UK	£2.90	£12.84
Community Action Partnership	£2.00	£18.86
Volunteer Centre Lutterworth	n/a	£11.54
West Leicestershire Mind	£1.54	£36.60

Costings based on number of users of services during Quarter 2 2012/13

Service Demand

13 The demand for preventative mental health services in Leicestershire (including social drop ins and befriending services) has been demonstrated and evidenced in the Mental Health chapter of the Leicestershire Joint Strategic Needs Assessment [JSNA] (2012). The JSNA highlighted that future commissioning of preventative mental health services needs to take into account impact of deprivation, rurality and age (specifically older people) on local prevalence of mental ill health.

Customer Views

14 As part of the review process, customer engagement and insight into current service provision was obtained through a research project commissioned by the department from Service User and Carer Research and Audit Network (SUCRAN). It was felt, based on past experience of reviewing mental health services, that undertaking customer consultation using an independent organisation would be most suitable and produce more objective results for use as part of the review process.

15 The conclusions from the SUCRAN research in relation to the social drop in service include:

- Drop in centres give people a purpose and meaningful activity;
- Social drop ins fulfil basic needs, a place of safety that helps with isolation and social interaction;
- Social drop in centres (provide) a safe environment where people can share their experiences with others who are in a similar situation.

- (Social drop ins) provide vital support, which can and does prevent people relapsing and using secondary care services;
- 86% of respondents who answered the question “what would happen to you if you stopped using your current services” expressed concern that they would become isolated or depressed;
- Service users both value and need one to one interaction to maintain their wellbeing ... social drop ins do provide this, and skilled support from workers undoubtedly helps.

Provider and Stakeholder Views

- 16 Providers were generally positive about their services. Of most interest were comments to the effect that although one-to-one work (such as befriending) can result in positive and very personalised outcomes for service users, it is outweighed by the benefits of peer support and social activities (such as drop ins).
- 17 The views of stakeholders (identified by current providers) were also sought as part of the strategic review process. Where stakeholders chose to respond, they were also generally positive about current service provision with the only negative comments directed at specific elements of how a provider is providing a service rather than at service provision.

Equality Impact Assessment (EIA)

- 18 The strategic review revealed the following about current service provision:
- The geography of current service provision is inequitable. For example, the eastern side of the County (Melton Borough and Harborough District) has poor or no access to social drop in and befriending services compared with western and more central areas.
 - Current contracts are for working age adults – this means there is no provision for older people (although monitoring data shows that current providers have allowed some adults aged 65 and over to attend the services).
 - The cost of the social drop in and befriending services varies considerably between the providers.
 - There is inequitable provision of BME specific services across the County. It is felt that future approaches need to be able to support people from BME communities appropriately and wherever they live.
- 19 These issues were highlighted in an EIA questionnaire for the review process and subsequently in a full EIA report for proposed future commissioning options for the services (see below). Both EIAs have been subject to scrutiny by the Departmental Equality Group.

Proposals for future commissioning of preventative mental health services across Leicestershire

- 20 The proposals to be considered within the consultation are outlined below:

- a) Decommission the current befriending schemes, and reinvest funding into a remodelled preventative mental health service. The current befriending schemes only reach a relatively small number of individuals and are not cost-effective (see above). A report by Foresight (Government Office for Science, 2008) suggests that support based on socialisation better addresses the risk factors for mental ill health (as identified by Foresight) and better supports a recovery model. Where people require more intensive or one-to-one support it is considered that this should be available through services such as, Community Mental health Teams (CMHTs) the Inclusion Support Service (ISS) and Personal Budgets.
 - b) Commission social drop ins based on a new specification to enable equity of provision across the County.
 - c) Decommission the BME specific service and existing BME specific groups to enable greater inclusion across the social drop ins. Include in the new service specification a requirement for in-reach into BME communities, to ensure that appropriate and specific advice, information and pathways into services are made available.
 - d) Include in the new service specification a requirement for the support and development of peer support groups to encourage appropriate throughput and 'move on' from the social drop ins.
 - e) Include in the new specification a requirement for providers to have a good knowledge of local community based services. This will encourage participants of the social drop ins to engage more with local, universal services and, in some instances, might provide further 'move on' from the social drop ins.
- 21 It is proposed to commission services in up to six lots, based on district geographic areas. This will potentially open up the market for new (and possibly smaller) providers to bid for a contract, and is more likely to make best use of local knowledge and networks (as highlighted in research by SUCRAN – see above).
- Charnwood;
 - Melton;
 - Harborough;
 - Oadby, Wigston, Blaby and Lutterworth;
 - Hinckley;
 - North West Leicestershire.
- 22 The pathways into, and exit routes from the service (see Appendix A) will be more clearly defined.
- 23 The budget allocation would be set in proportion to population, identified and forecast mental health needs, and anticipated levels of required in-reach work with minority groups and individuals and groups living in rural areas.

Voluntary Services Officers (VSOs)

Current Service Provision

- 24 The VSO service has been established for around 30 years and is commissioned from Age UK. It receives funding from both the Adults and Communities Department and the Clinical Commissioning Groups (CCGs). Each organisation has a separate contract.
- 25 The VSO service supports people with mental health conditions (including people with dementia). Referrals come from clients of the older persons CMHTs and their carers. Contract monitoring data indicates that in South Leicestershire support appears to be exclusively for people with dementia and their carers yet in the remaining areas it is approximately 70/30% split between people with dementia and people with a functional mental health condition. The service provides one-to-one support, supporting people with mental health conditions to access community resources, offering advice and information to assist people to maintain or gain independence. The support provided to people with dementia is predominately provided via carer support, providing advice and information, emotional support, and supporting carers to cope on a daily basis.
- 26 The service also facilitates a number of carers groups across the County which provide access to education, information, advice and peer support and Memory cafés which provide shared social opportunities for people with dementia and their carers. They provide approximately 28.5 hours per month of this type of provision. Attendance at group meetings ranges from between 10 and 50 people. There were approximately 875 people accessing the VSO service in 2012. These services are for clients of the older persons CMHTs.
- 27 There are four full time staff members, one part time and 10 volunteers. The VSOs are co-located within older persons CMHT's and are attached to the following teams:
- Hinckley and Bosworth;
 - Blaby and Lutterworth;
 - North West Leicestershire;
 - South Leicestershire;
 - Charnwood.

Service Demand

- 28 As above, the demand for preventative mental health services in Leicestershire (including the VSO service) has been demonstrated and evidenced in the Mental Health chapter of the Leicestershire JSNA (2012). The JSNA highlighted that future commissioning of preventative mental health services needs to take into account impact of deprivation, rurality and age (specifically older people) on local prevalence of mental ill health.
- 29 The JSNA also highlighted that future commissioning will need to take account of the following major issues relevant in the context of mental health:
- a) Significant increase in the older population with a corresponding increase in the prevalence of dementia.

- b) Depression is the second most common mental health problem in older people and is associated with social isolation, long term physical health problems, caring roles, and living in residential care.
- c) Deprivation and social isolation within rural communities (which can also have an older age profile) can lead to a higher incidence of mental health problems in these areas.
- d) Carers play a major role in terms of providing community based support and the demands of the caring responsibility can be considerable. Carer support around dealing with changes in behaviour and challenges has the potential to prolong the person with dementia living in the community and delay movement to residential provision. Furthermore, the number of people aged 64 and over providing unpaid care to a partner, family member or other person is expected to rise by 13% by 2015, growth that will be continual up to 2030 (43% increase from 2011).

Customer and stakeholder views

- 31 As part of the strategic review process a questionnaire was sent to a random sample of existing clients of the service and key stakeholders, supplemented with a number of meetings with the current providers and other stakeholders. The overwhelming majority of people who returned questionnaires identified themselves as carers. Responses were very positive about the service, reporting a positive impact on quality of life, with information, advice and carers groups identified as key ways the service supported them. 76% of people said that without the service they would be isolated, with nowhere to go for support.

Equality Impact Assessment (EIA)

- 32 An EIA has been undertaken as part of the development of the proposed commissioning options contained within this report, and which has identified the following issues:
- The geography of current service provision is inequitable as there is no service provision in Melton.
 - The service is only available to clients of the older persons CMHTs, however, there are other secondary services/settings that would benefit from access to this service, such as in-patient wards.
 - Contract monitoring data identified that the VSOs are only supporting people who identified as White British.
 - The review also identified a duplication of service provision with the ISS provided by the Adults and Communities Department. This service supports people with mental health conditions to access the community providing one to one support.

Proposed commissioning model

- 33 Clients have identified this as a service that provides effective support, particularly for carers of people with dementia. Stakeholders, including Leicester Partnership NHS Trust, have equally expressed positive feedback regarding the service. The feedback reflects the outcomes of the Leicester, Leicestershire and Rutland Dementia Commissioning Strategy (2011–2014).

- 34 The outcomes from the review have been aligned with the outcomes and commissioning options of the review of the social drop in and befriending services.
- 35 There are three key commissioning elements:
- a) Dementia Support Service - Provide a specialist dementia support service for people with more complex needs, supporting people predominately via their carers. Providing specialist dementia support/emotional support to:
 - Prevent hospital admission/re-admission;
 - Prevent carer breakdown;
 - Crisis prevention and planning;
 - Provision of a geographically and demographically equitable service;
 - Opening up access to other secondary care settings;
 - Ensure continuous specialist support across the local dementia care pathway, aligning with the new Memory Advisor Service.
 - b) Memory Cafés and Carers Groups - Open access to carers of anyone with memory problems or dementia to take a break from caring responsibilities, share experiences and learn in a supportive environment, with speakers or activities arranged to provide information. Ensure a geographically equitable service and include in the new service specification a requirement for in-reach into BME communities.
 - c) ISS - Older people with functional mental health problems will be supported by the ISS and will be able to also access social drop in services.
- 36 The proposed commissioning model reflects feedback from people who use the service, provide the service and key stakeholders, increases capacity to meet future demand, whilst providing more targeted support and fairer access. It is aligned to the mental health preventative pathway (Appendix A) and the local dementia pathway (Appendix B).

Service Outcomes for Early Intervention and Prevention

- 37 It is intended that future commissioning models across the prevention and early intervention agenda utilise an outcomes based approach, in order to ensure that evidence of impact and potential savings made through implementing prevention approaches can be captured.
- 38 The proposed outcomes will be drawn from five key sources NICE Dementia Quality Standards, Adult Social Care Outcomes Framework, Clinical Commissioning Groups (CCGs) Outcomes and the NHS Outcomes Framework.
- 39 Consultation activity will include further exploration and identification of appropriate outcomes for services from a customer perspective.

Consultation and Engagement

- 40 The 90 day consultation period commenced on the 18 July 2013 and has been devised to ensure that existing customers, providers and stakeholders and the general public are aware of and can get involved in the consultation programme if they wish. The consultation will therefore comprise of:
- An online questionnaire (available to all customers and the general public);
 - A paper questionnaire (available to all customers and the general public);
 - An information sheet (available to all customers and the general public).
- 41 In order to discuss proposals specific to the social drop in and befriending services and the VSO services, some targeted engagement activity will also be undertaken.
- 42 As it is recognised that customers currently accessing befriending services represent a potential hard-to-reach group by virtue of their relative isolation. Letters have been sent out to every customer (facilitated by providers). This letter explained clearly how customers of the befriending service could get involved with the consultation (accessing the information sheet and by completing a questionnaire). The letter also offered customers of the befriending service the opportunity to contact the Adults and Communities Engagement Provider, Communities in Partnership (CIP), to complete a questionnaire over the telephone or on a one-to-one basis. CIP will return any questionnaires completed in this way to the department for collation as well as other consultation responses.
- 43 The Adults and Communities Engagement Provider, CIP, will host a series of focus groups within existing social drop in sessions with support from the existing social drop in providers) to present further information about proposals to existing social drop in customers and to inform them of how they can get involved with the consultation.
- 44 In order to provide a formal opportunity for stakeholders (as identified through the review process) to give comments on the proposals, a focus group session will be arranged for stakeholders and other relevant professionals.
- 45 It is also planned to meet with providers of the current services to discuss appropriate outcomes for the services and how best to monitor these as part of the contract. This activity will take the form of a workshop hosted by the Council to which current and prospective providers will be invited.
- 46 The outcomes from the review of the VSOs have not resulted in the same level of change in service provision and it is not felt therefore, that formal consultation is required. However, there will be further engagement with customers and key stakeholders in order to ensure minimal disruption to individuals and carers currently accessing the service, as the new service model is implemented.
- 47 The Adults and Communities Engagement Provider, CIP, will host two focus groups to look at the outcomes of the review of the VSO service and proposals for future services, and this should focus mainly on carers and people with dementia.
- 48 Market analysis of potential providers will be undertaken in parallel with consultation with key stakeholders.

Resources Implications

- 49 The cost of the current contracts for adult preventative mental health services is as follows (based on annual contract values for 2012/13):
- Social Drop In and Befriending services: £412,588 (including an annual contribution of £32,307 from Health as part of a section 256 agreement);
 - VSOs: £97,950;
 - Other Dementia support: £22,295
- 50 The cost of the new proposed commissioning options for the social drop in services will be £371,000. If annual contributions are secured from NHS commissioners the proposal will deliver savings of £41,500 from the total budget allocation for these services (representing a saving of around 10%). If contributions are not secured, the re-modelled service will deliver £9,281 in savings for the County Council.
- 51 The cost of the proposed model for VSO will be a maximum of £200,000. The costs will be met through current investment, secured contribution from Health and usage of Health transfer funds.
- 52 The Director of Corporate Resources and County Solicitor have been consulted on the report approved by Cabinet on the 9 July 2013.

Timetable for Decisions

- 53 Following the close of the consultation period, market analysis and engagement with potential providers responses will be considered and a report outlining final commissioning recommendations for the services will be presented to the Cabinet in November 2013 to obtain final approval for the proposed service changes. Thereafter, the process of procuring providers to deliver the new service model for adult preventative mental health services will begin as soon as practicable with a view to the new contract being in place by the end of March 2014. This will provide sufficient time for a transition period of up to six months, enabling the new services to be 'business ready' and to start service delivery no later than 1 October 2014.

Background Papers

- No Health without Mental Health' (2011) strategy – https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/135457/dh_124058.pdf.pdf
- National Dementia Strategy (2009) - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/168220/dh_094051.pdf
- Leicester, Leicestershire and Rutland Joint Dementia Commissioning Strategy 2011-2014 - http://www.rutland.gov.uk/pdf/DementiaJointStrategy201114_FINAL.pdf
- The National Carers' Strategy 'Carers at the Heart of 21st Century, Families and Communities' (2008) http://image.guardian.co.uk/sys-iles/Society/documents/2008/06/10/carers_strategy.pdf
- Supporting the Health and Wellbeing of Carers in Leicester, Leicestershire and Rutland Strategy and Delivery Action Plan 2012-2015 http://www.leics.gov.uk/carers_strategy_2012_2015.pdf
- Leicestershire Joint Strategic Needs Assessment (JSNA)

<http://www.lsr-online.org/reports/categories/JSNA>

- Report to Cabinet: 12 June 2012 - Request for Exception to Contract Procedure Rules – Voluntary Sector and Housing Related Support Services
[http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/\\$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003392/AI00031503/$IRequestforExceptiontoContractProcedureRulesVolSectorandHsgRelatedSupport120612.doc.pdf)
- Report to Cabinet: 9 July 2013 – Strategic Review of Adult Preventative Mental Health Services in Leicestershire
[http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/\\$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf](http://politics.leics.gov.uk/Published/C00000135/M00003857/AI00035014/$6StrategicReviewofAdultPreventativeMentalHealthServicesinLeics.docA.ps.pdf)

Relevant Impact Assessments

Equal Opportunities Implications

- 54 The Council, in undertaking the strategic review of adult preventative mental health services, is aware that people with mental ill health represent a cohort of vulnerable people who may be disadvantaged. People with mental ill-health reflect the diverse make up of communities in Leicestershire and all carers need to be engaged, including carers from black and minority ethnic groups.
- 55 EIA questionnaires have been completed and approved for the strategic review of the Social Drop in and Befriending services, the public consultation and research undertaken by SUCRAN, and the strategic review of the VSO service. A full EIA was also completed for the VSO service as equality issues were identified in relation to this service in the EIA questionnaire.
- 56 The Equality Impact Assessment questionnaires associated with the review can be viewed at http://www.leics.gov.uk/asc_eia.htm.

Circulation Under Local Issues Alert Procedure

None

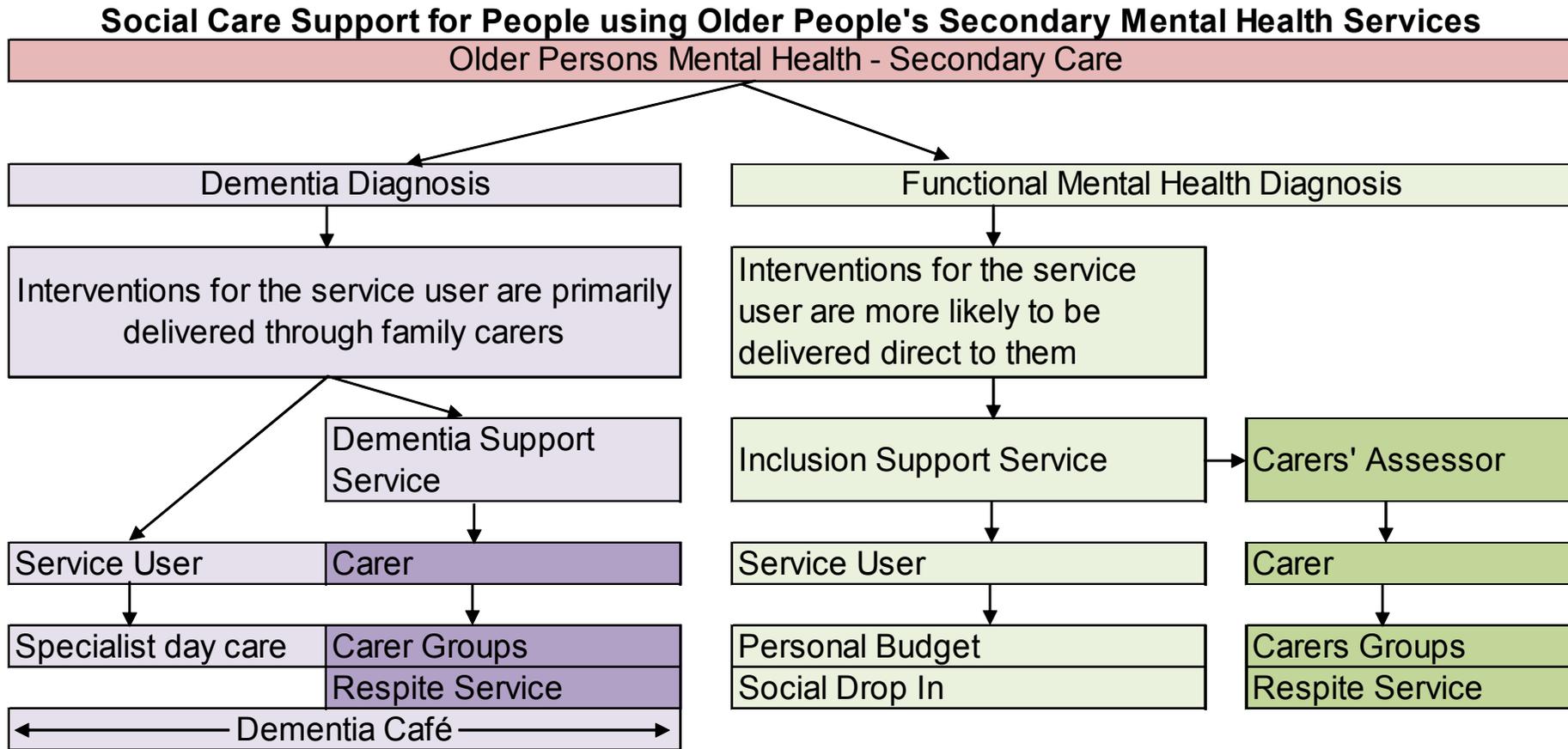
Officer to Contact

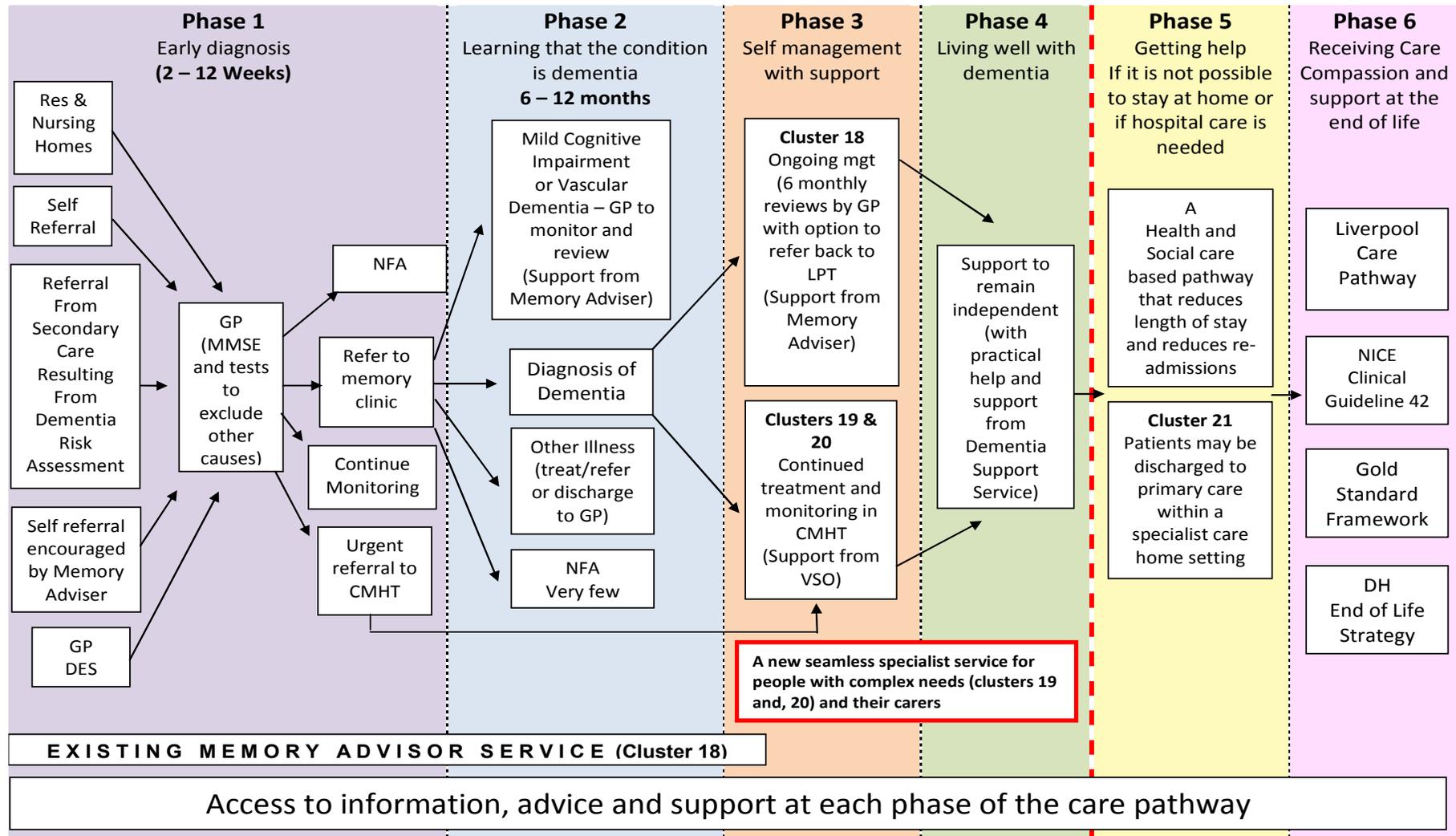
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List of Appendices

- Appendix A – Care Pathways
- Appendix B – Local Dementia Pathway

CARE PATHWAYS





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