

Mental Health Commissioning Strategy 2013-2018

Summary

1. Why do we need a Commissioning Strategy?

This document is about the services that we and our Health and Voluntary sector partners provide to people with mental health problems in Flintshire.

However, the purpose of the document is to set out how we want to see those services funded by Flintshire County Council developed in the future.

The aim is to develop an approach which fully promotes recovery and social inclusion

2. What do we know about people using our services and how much do we spend?

- From October 2012 to September 2013 there have been 1644 referrals to the single point of access. The single point became live in October 2012 in response to the implementation of the Mental Health Measure and has resulted in an increasing number of referrals.
- At any given time there will be approximately 507 cases open to Tier 2 and 200 to Tier 1.
- From April 2012 to the end of March 2013 there were 317 people in total using Mental Health Support Services, with a monthly average of 294 on the register. New referrals have increased on the previous year from 296 to 322 individuals.
- People have told us that the service we provide is operating in a recovery-orientated way, particularly given that 76.5% said they were more hopeful about the future, 79% said they were encouraged to do more things, 77.5% said they were encouraged to make own decisions and 74.5% indicated an increase in self confidence.

- From April 2012 to the end of March 2013 Mental Health Support Services (Next Steps) have supported
 - 66 people in education or training
 - 40 people in volunteering
 - 9 people in employment (3 of these to retain existing jobs)
- Our annual spend is £275,350 on services we commission from the voluntary sector to complement our in-house provision and £546,500 on residential and domiciliary support. We spend £1,192,500 on in-house services and contribute £581,071 to Community Mental Health Services (Health Led)

- In Flintshire we have the fewest number of people in residential or nursing homes, yet we have the highest population of the four North Wales Local Authorities (HUB)

3. Our vision for the future

We have had a joint vision with Health Partners since 2005, which is:

"We aim to develop a Mental Health Service that is planned and delivered around the needs and aspirations of service users".

"We will do this by assisting service users to recover their mental health and to lead the lives they choose. We will fully involve individuals in a holistic assessment of their needs, which covers the key aspects of life (mental and physical Health Partners, education, occupation, income, accommodation, relationships, social support, social roles and spirituality)"

"We will provide responsive services which help people recover and maintain their role in society"

The particular focus of this document is to build on the strong foundations we have in place to further promote the recovery approach, by developing training, education and work opportunities. We also aim to address a gap in the area of accommodation support. Thus developing the type of services that people say they want.

4. How we will achieve this vision

4.1 In conjunction with Health Partners, further embed recovery in the Community Mental Health teams.

We will continue to work closely with the BCU Health Board to implement the Mental Health (Wales) Measure (Welsh Government legislation), creating more rights for people who use mental health services. Our focus for 2013 will be to ensure that Assessments and Care Plans reflect a Recovery ethos and we will further embed the recovery approach across all services.

4.2 Re-design Mental Health Support Services to further embed recovery.

We believe that our recovery approach is effectively working. This is evidenced by only 17 people living in a residential setting and most of these have a dementia related illness, whilst everyone else is supported at home in their local community.

To explain what we mean by recovery and what we want to see happening for more people in Flintshire see box below. *A real life case study that charts a person's recovery journey; this has been based on the service user's own*

account and service records; for the purpose of anonymity we have called him G.

G was referred to the Intensive Support Team (IST) in 2010. G has mental health problems and excessive drinking was his coping strategy. At the time of referral G had just undergone 2 weeks intensive therapy at a specialised clinic for alcohol abuse and what followed was a further 4 months at Llwyn Y Croes for detoxing and treatment of his mental health problems.

During this 4 month period in hospital IST staff visited him to help prepare him for discharge, G was extremely anxious about discharge and this point in time a residential placement was being considered as an option.

On discharge G returned to his flat with an IST support package consisting of twice daily support sessions Monday to Friday and one daily on Saturday and Sundays. The IST worked with G on a number of needs such as eating patterns, diet, social activities and housing. G had serious issues with leaving his home and would manifest signs of chronic anxiety. A gradual approach was taken by the IST to support G to deal with his anxiety from shopping on set days at set shops to walking down aisles alone. With the support of the IST G introduced routine into his life, such as eating healthy meals 3 times a day, which by his own admission has been a catalyst to him staying away from alcohol.

After 4 months of IST input G's support package was reduced by two evening support sessions a week, which led to increased independence and confidence. To address the anxiety of leaving his flat the IST team supported G to attend a local drop-in. G was supported to develop his own coping strategies to deal with hearing voices and had 1:1 sessions with a hearing voices specialist.

Vulnerable in his current flat the IST worked with Housing to identify a new flat in a different area. G was very positive about the move to the new flat.

IST introduced G to Growing Places, which at first required staff to accompany him but gradually as his confidence grew G started to make his own way there, and his days attending increased from a half day to a full day to a current 2 days a week. G has benefited from the team work of the Growing Places and in his own words has had opportunities that he has never had in his life such as gardening, sowing seeds, visiting customer's homes etc.

In 2013 G attended the Wellness and Recovery Course (WRAP) and other confidence building courses. His confidence has increased by such a degree, that he has gone on to train as a trainer and now delivers training alongside others to other service users and staff.

G's recovery journey is remarkable, in less than 3 years he has gone from the point of being considered in need of long term residential care to delivering training to others.

We will fully embed Recovery; one area of focus is to ensure that people who use our services are helped to access information about their communities. We will also complete our review of Mental Health Support services to ensure that we have a workforce structure that will be 'fit for purpose' to deliver the recovery approach.

4.3 Increase and promote the range of opportunities for social inclusion which includes setting up Social Enterprises and the growth of the Mentoring and Volunteering Project.

Our goal is to see Double Click (a current work scheme) become a successful Social Enterprise. We will focus our energies on the growth of our Mentoring and Volunteering Project. There are several ideas for development one of them being having mentors to support people to attend WRAP (Wellness and Recovery Plan) and other training courses.

We need a 'befriending scheme' and will be looking for ways to make this a reality, if finances allow this will be a future commissioning intention or if not a product of a service redesign. We want to increase the number of people using direct payments and recognise that this hinges on having specialist support as such we will be exploring our options.

4.4 Increase involvement of service users and carers in all aspects of service delivery, including training and developing service user run services.

The level of involvement of service users and carers has increased over the past 2 years and there is now a strategic framework in place for involvement at all levels. Significant progress has been made, but we will do more especially in terms of service user and carer evaluation of services and service user run services. Collectively, with partners we will support the Involve project to grow, our goal is to increase the number of mental health services and carers registered on the database by 20% (from 159 to 200) by 2018.

4.5 Further develop the joint training consortium to provide a wide ranging training and educational programme which provides opportunities for staff and service users to increase knowledge, skills and qualifications. Service users will be involved in delivering training as well as being students.

Our award winning Mental Health Training Programme has meant that all training delivered from our Workforce Development Team has 100% involvement of people who use Mental Health Services and carers in both facilitation and delivery. The 3 month training programme brochure designed

and produced by service users in Double Click offers opportunities for people to gain knowledge, qualifications and confidence as their valuable expertise is acknowledged. We will increase involvement by 10% over the next 5 years. We are particularly proud of this initiative as it has led to some people gaining employment as a result. Our goal is to continue to develop this initiative and recognise that further resources will be needed for this to happen. We will consider the need for a designated support worker and organiser.

4.6 The establishment of Wellbeing Centres.

In conjunction with the voluntary sector and Health Partners we want to establish a range of wellbeing centres. These will be places where people can access information, meet others and where a range of activities and services are available. Our goal is to have 1 wellbeing centre in Flintshire within the next 5 years but this is dependent on our partners.

4.7 Further develop accommodation and support.

We will explore as a Directorate creative solutions to the accommodation shortfall, for example exploring models such as the 'honest broker' to capitalise on private land lord opportunities and working with Housing Associations on developments for all our service users not just particular groups.

Jointly with Health Partners and Housing we will be proactive in providing people with the opportunity to return from out of county placements.

5. Conclusion

This Strategy has provided a strong rationale based on the information we have that our joint approach with Health and Voluntary Sector Partners is on the right track to providing people with recovery focussed support. This is clearly apparent from our success in supporting people in the community as evidenced by people's feedback and the relatively small number of people needing residential or nursing placement.

As part of the commissioning process we did test the market to see if there were any providers who would have the specialist knowledge and staff skills to deliver the community living and intensive support arm of the service which is currently in-house. In response to the speculative notice 6 organisations responded, it was assessed that only 1 had real potential to deliver on the outline proposal with no indication that there would be a significant saving below current 'care and support rates'. It was noted that there may have been some added value of working with some of the providers who responded but again it was agreed that the complementary services currently commissioned from the voluntary sector are already well established and tested in terms of effectively delivering positive outcomes. As such, there will be no gain in us going out to market at this time. To recap we have decided to sustain our in-house model based on the logic that with a modest level of funding it is delivering outcomes. This has been further validated by winning a Social Accolade 2013 and highlighted as 'best practice' by Community Care. We will review this decision with the expiry of this Commissioning Strategy in 2018.

Our Council like others is facing unprecedented financial challenges and raising expectations as such we have to do 'better with less'. Our ultimate goal is therefore to provide the best possible services for people with mental health problems with the reduced money we have available.