

Report to: Adult Social Care and Community Safety Scrutiny Committee

Date of meeting: 16 November 2017

By: Director of Adult Social Care and Health

Title: Overview of commissioned community provision (mental health)

Purpose: To provide an overview to the Scrutiny Committee of commissioned community mental health services, both current and planned, as part of East Sussex Better Together (ESBT)

RECOMMENDATION

The Committee is recommended to consider the development of commissioned community provision for Mental Health in East Sussex

1. Purpose

- 1.1. This paper will set out the range of mental health community support services that have been commissioned as part of the delivery of East Sussex Better Together (ESBT) and East Sussex Mental Health Strategic Transformation.
- 1.2. It is important to note these services are commissioned by Adult Social Care but contain a range of funding from East Sussex Clinical Commissioning Groups.
- 1.3. The services have been commissioned and procured in two phases. Phase 1 with services starting 1 October 2017. Phase 2 with services due to commence from 1 April 2018.

2. Background

- 2.1. These strategic developments are consistent with national (Five Year Forward View, Care Act 2014) and local priorities East Sussex Better Together, Connecting for You (C4Y) which are transformation programmes developing in partnership with the District and Borough Councils of East Sussex. They are also designed to support the Sussex and East Surrey Sustainability and Transformation Partnership (STP), and wider integrated planning and Accountable Care organisational developments.
- 2.2. This provision is an overview of community mental health provision delivered by third sector organisations. The main aims and objectives of the support are to enhance opportunities for people to access support at an earlier stage of their illness. This will reduce crisis, develop self-management and build resilience.
- 2.3. The Five Year Forward View promotes that the support people get for mental health in the community should include easy access to support and a quick response from service providers. The Care Act (2014) recommends that the local statutory offer should include outcomes linked to wellbeing, prevention, reduction, health, educational, voluntary and employment and social opportunities.
- 2.4. All of the service provision has been co-designed and developed with people with lived experience. Service user representation was also part of the commissioning panel during the procurement process.

2.5. The enduring outcome from these strategically designed services are to reduce the financial impact and burden on crisis and secondary care services and improve the outcomes of individuals by supporting people at an earlier stage of their mental health condition.

3. Phase 1 - Community Network of Mental Health Support

3.1. The Community Network consists of 4 elements:

- Wellbeing/drop-in Centres
- Peer Support
- Specialist Personality Disorder Service
- Crisis Café/Safe Space

3.2. Wellbeing/Drop-in Centres - People with a variety of mental health support needs can access the drop-in Wellbeing Centres, which are based at venues in key populated areas across East Sussex. The Centres are staffed by the third sector and offer “safe” environments where people are encouraged to develop their own recovery plans, gain and maintain good mental health, and are encouraged to participate in opportunities in their communities. These “Community Hubs” will incorporate additional services and support wider local priorities (ESBT and C4Y) They also support public health functions such as improving health, physical health and wellbeing. The centres will work with other support agencies ensuring people have access to a range of support relevant to their needs, including (not exhaustively) benefits/welfare advice, housing, employment.

3.3. There are seven Wellbeing Centres across East Sussex.

- Eastbourne
- Hailsham
- Hastings
- Bexhill
- Lewes
- Newhaven
- Uckfield/Crowborough

3.4. They will offer a wide range of practical support including group activities, 1:1 support, advice and guidance and will aim to support people at an early stage with mental health as well as support people who may become unwell and require support or interventions to avoid going into crisis.

3.5. Wellbeing Centres are expected to work with approximately 3000 people across the county.

3.6. Peer Support – Peer support is evidence based. Although it will be embedded in Wellbeing Centres, It will be developed to thread through all aspects of community support. Evidence highlights success in engaging with people, particularly some hard to engage groups, to take control of their condition. Its aim is to improve mental health and wellbeing through mutually supportive relationships, education, and the ability to self-manage, cultivating independence and resilience and reducing the need for secondary mental health care, crisis and emergency services. The provision will develop a resource of specifically trained paid and voluntary peer workers. They will deliver 1:1 Peer Support, Drop-in Groups, and advice and guidance around peer support to other providers. Peer support is expected to work with approximately 300 people across the county.

3.7. Personality Disorder Service - will operate from the Wellbeing Centres in Hastings and Eastbourne and will address the needs of a small number of people with a diagnosis of Personality Disorder, who are currently placing a disproportionately high demand on health and social care, by providing a specialist community day service. The service will be delivered by a dedicated peripatetic team consisting of third sector (Southdown) and Sussex Partnership NHS Foundation Trust (SPFT) clinical staff who will provide treatment and support services for people with complex needs (Personality Disorder), targeting and engaging people who are impacting on the system elsewhere, thereby reducing the demand on other services and meeting their needs more effectively. This service is in addition to the support delivered by SPFT's secondary mental health Assessment and Treatment Services (ATS). This service will work with a targeted cohort of 75 people, however it is expected that the consistency and skill levels this will create in Wellbeing Centres will increase the levels of people with personality disorder accessing their generic support.

3.8. Crisis Cafes/Safe Spaces - The service will be provided by third sector providers Southdown and SPFT, making available extended out of hours provision for clinical and non-clinical support at required key times. It will provide a safe space for individuals, in central Hastings and Eastbourne. The service aims to reduce mental health hospital admissions by providing an alternative solution for patients and an opportunity to self-manage their condition or de-escalate their current position. The service is in addition to other mental health crisis and emergency services, such as the Crisis Resolution and Home Treatment Teams (CRHT) and A&E. This support will be closely interconnected with services such as CRHT, emergency accommodation, Homeworks, local charitable homeless shelters and other active provision which targets the street community.

4. Phase 2 – Mental Health Support (commencing April 1st 2018)

4.1. There are four key areas of service provision to be procured using previously established models.

- Employment support (IPS)
- Community Connector Service (Social Prescribing)
- Service user engagement and involvement (SUEI)
- Support for hard to engage vulnerable people

4.2. Employment support – East Sussex uses an evidence based employment model. This intervention supports people with severe mental health difficulties into employment. It involves intensive, individual support, a rapid job search followed by placement in paid employment, and time-unlimited in-work support for both the employee and the employer. This provision will also ensure people retain their employment if they become unwell and at risk of losing their jobs due to their mental health. This service will work with a target beneficiary level of 500 people.

4.3. Community Connector Service (Social Prescribing) - A Social Prescribing/Life Support intervention is consistent with an integrated care and support model – namely, to improve access to services and sources of support that improve health outcomes and quality of life for people, avoiding mental ill-health, improving physical health and the impact on frontline statutory services. This provision provides support workers located close to or within targeted GP practices. This service will work with a target beneficiary level of 1500 people.

4.4. Service user engagement and involvement - All good practice highlights the importance of people with mental health problems, their families and carers, being engaged to represent client and carers' views on service delivery and design. They will influence and lead commissioning decisions, support the development of good quality, performance and outcomes of services and

the effectiveness of care pathways. This service will work with a target beneficiary level of 90 people.

4.5. Hard to Engage Vulnerable People (Hastings St Leonards) - There are significant evidence based reports on the impact of complex comorbid mental health, rough sleepers, homelessness and the street community on their health. This included the need for targeted support for people with comorbid complex needs alongside partnerships with statutory services in order to meet their needs. People with a variety of mental health support needs can access a drop-in hub in central Hastings and St Leonards areas. The current service levels of support are in the region of 550-600 service users over the year. The Hub will facilitate and host a range of other services and provision such as community nursing, podiatry or Peer Support, housing and welfare support and advice. These should be delivered as “safe” environments that will engage people, where people are encouraged to develop their own recovery plans, as well as gain and maintain good mental health.

4.6. The drop-in “Hub” facility’s main aim is to engage with this cohort of individuals. They will offer a small range of targeted activities within the centre, for those who may feel socially isolated and are finding it difficult to move forward. People can access one to one support to work on improving their wellbeing and achieving their own personal goals in the community; People will require support around accommodation or welfare however other support may be recreational, educational, health and fitness related or vocational.

The main aim of the service will be to support and develop resilience and self-management and will work with other strategically designed services to facilitate and deliver a co-ordinated range of local mental health provision that will support people in crisis, and enable people to stay well.

5. Associated expenditure

5.1 Phase 1 expenditure

- Wellbeing Centres £996,000
- Peer Support £85,000
- Crisis Café £200,000
- Personality Disorder Service £240,000
- Total = £1,521,000

5.2 Phase 2 expenditure

- IPS Employment Support £327,000
- Community Connector (social prescribing) £453,000
- Service User Engagement and Involvement £61,000
- Hard to Engage Vulnerable People Service £118,000

Total current and planned expenditure is £959,000.

6. Conclusion

6.1 The developments outlined in the report are consistent with the NHS Five Year Forward View, Care Act 2014 responsibilities and local priorities within ESBT and C4Y. The programmes of work have been developed in partnership with the District and Borough Councils of East Sussex. They are also designed to support integrated working and the development of planning for Accountable Care.

6.2 The Committee is therefore recommended to consider the development of commissioned community provision for Mental Health in East Sussex.

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