

Market Position Statement

Mental Health Social Care in Greenwich

Summary of the direction of travel/purpose of this document

This document is aimed at all organisations that provide mental health services for adults, or who have property available for use by support services. It has been written as a market position statement for mental health social care and forms the first stage of a conversation between the local authority, people who use services, providers, partners and others. Within this document you can find out more about Royal Greenwich including information on our understanding of mental health need, current provision, commissioning partnerships, and the ambitions we have for service development.

Many of our mental health services have remained unchanged for a number of years and commissioners have embarked on a process of reviewing and re-commissioning services. The drivers for change are the need to maximise resources to meet demand; to develop a more accessible and coherent care pathway through services and to establish new ways of working with mental health service users.

Predictions of future demand and key pressure points

An emerging pressure for social care commissioners is the availability of supported accommodation for mental health service users to move on to from in-patient or residential settings; particularly for those with higher or more complex needs. Over the past 12 – 18 months bed occupancy in acute mental health wards has regularly exceeded commissioned capacity and this has brought a sharp focus onto the need for more creative use of community placements. Commissioners also believe that the borough is over-reliant on residential spot purchase arrangements, which are often not outcome focussed and where charges are opaque.

We have begun to test alternatives to residential care –such as intensive housing support. These options are of a similar cost to residential placements but may achieve better outcomes in terms of move on and independence.

The Community Mental Health Profile (2012, North East Public Health Observatory) gives a range of different information on Greenwich by comparison with England average and London. Findings are summarised below:

- The allocation of mental health spend (NHS funding) and numbers on CPA is not significantly different to England
- The rates of emergency mental health admissions for severe and enduring mental health problems are significantly higher in Greenwich than for England
- The in-year bed days for mental health are significantly higher than the figure for London and England as a whole.
- Numbers of total contacts with mental health services, rate per 1,000 population is significantly higher than London and England as a whole.

PANSI data models future demand for mental health services and illustrates a 10% likely increase in demand for services for mental ill-health in Greenwich’s working age population (18–64)¹ in line with population increases. The predicted changes between 2010 and 2030 are illustrated in the following table.

Table 1

Mental Health demand 2010–2030			
Aged 18–64 with a diagnosis of: ²	2010	2030	% change
Common Mental	23,993	26,545	10.6

¹ PANSI table based on the report on Adult Psychiatric Morbidity in England, 2007 :Results of a household survey, published by the Health and Social Care Information Centre in 2009

² Diagnosis definitions in line with understanding given in terms of this report

Disorder			
Borderline personality disorder	672	744	10.7
Antisocial personality disorder	512	561	9.6
Psychotic disorder	596	660	10.7
Two or more psychiatric disorders	10693	11808	10.4

Not for inclusion in final report; PANSI comparative data for SEL boroughs seems to be out of line with NEPHO – showing Greenwich as lowest in numbers with 2 or more psychoses and personality disorder

The data in Table 1 include numbers of personality disordered clients; although there are no specific personality disorder services commissioned by social care, these clients appear frequently in the group known as adults with chaotic lifestyles, where joint input from mental health, housing and substance use providers and commissioners is required in order to meet support needs. In response to the Transforming Chaos project³ an analysis of 62 cases of adults with multiple and complex needs submitted by agencies in Greenwich showed:

- 85% of the cases (53 in number) faced challenges in most or all of the areas of substance misuse, mental health, offending, and insecure housing and / or at significant risk of harm.

³ An initiative of the 6 Olympic boroughs to improve outcomes for the boroughs most chaotic individuals

- Within the 85% almost half were women, all of whom were at significant risk of harm or exploitation often including physical violence
- Poor engagement with services was a persistent theme throughout many of the cases
- Frequently observed characteristics of the caseload included inpatient admissions for mental health, short-term prison sentences and a high incidence of self-harm.

Information from housing colleagues⁴ illustrates demand for supported accommodation and floating support for individuals in their own tenancies. There is a particular challenge in securing and sustaining accommodation where service users have a complexity of need such as mental health and substance misuse. The Royal Borough has a dedicated mental health resettlement team and works closely with Oxleas Foundation NHS Trust in to move people from hospital or community placements.

During 2011–12, the Council's Mental Health Resettlement Team (MHRT) received 247 new referrals over the same period, which includes 102 people in housing need on discharge from hospital as well as others in need of support to obtain or sustain accommodation. Two thirds of MHRT clients are referred from secondary mental health services (in patient and community), and assessments of MHRT clients (2010–11) found 37% have significant substance misuse needs

(MH and LD didn't emerge as a significant issue in the JSNA chapter – are we missing any data?)

Existing service provision and funding

The Royal Borough commissions accommodation, floating support and other mental health services through contracts with a range of providers. Statutory mental health services such as the Recovery Teams (CMHT) and

⁴ Provided by RBG Housing Services Directorate

Assertive Outreach Team are commissioned from Oxleas Foundation NHS Trust, in some cases jointly with the CCG.

During the past year (2012), the average total caseload in secondary MH services for working age adults is 2200, with 1525 of these seen by the Recovery Teams. This is slightly lower than the previous year. Of the Recovery Team cohort, 700 clients have been identified as ready to transfer back to primary care; however, there is a resistance from GPs and service users to the change, adding to the pressure on the Recovery Teams' caseload and highlighting a need for the Trust to review its offer of support to GPs and for social care services to ensure there are flexible approaches to floating support that can be stepped up and down as needed.

There are seventy-two mental health clients living in residential care – just over half of these service users have been in placements for more than 4 years and 25% of the total are over 65. These places are spot purchased from a range of providers and may be joint funded with Clinical Commissioning Group (CCG) commissioners. Numbers in mental health residential placements have remained broadly the same over a number of years, at about 70–75 people at any one time.

Eleven 3rd sector organisations are commissioned to provide supported accommodation and community support services and this area is a current focus for commissioning change. A high support service for clients with complex needs has been decommissioned from Oxleas and retendered to a 3rd sector provider, One Housing; the service offers 24 units of accommodation with a development plan to increase this significantly over the life of the contract. Oxleas will continue to run a 15-bed in-patient rehabilitation service (Barefoot Lodge), that is a stepping stone between acute mental health settings and the community and will provide care coordination to the 24 clients in the service run by One Housing.

Apart from this high support accommodation service, we have only 16 units we can classify as medium support and more than 140 units of low support accommodation with visiting support. A priority for commissioners is how

we commission more medium and higher support and whether there are better ways to deliver support to those with lower needs.

Services currently commissioned to provide floating support have capacity for 75–100 clients and we are considering whether we need more and how they link to the rest of the services and pathway.

The following table outlines the annual mental health social care expenditure for RBG. Where there is joint funding with health, this is indicated.

Broadly, spend is on social work posts within Oxleas Recovery Teams, accommodation and floating support services, and care packages. Care packages are generally residential care placements and home care services (personal care or domestic assistance such as cleaning).

Table 2

Social Care funding		
Funding purpose	Details	Mental Health Funding pa
For new high support accommodation service	Service due to start 1 April 2013.	£1.2 million (includes 20% health funding)
Residential placements and home care packages.	Spot purchase residential placements are 85% of this spend	£3.3 million (includes 35% health funding. Budget is overspent and will be looking for savings)
Social Care Contracts	This includes counselling, BME groups	£550k
Inherited Supporting People funds and services	Accommodation and floating support	£1.1 million

Social Care funding		
Funding purpose	Details	Mental Health Funding pa
	(subject to savings plan)	
Section 75 agreed with Oxleas NHS Foundation	Including Social Workers, and Approved Mental Health Professionals (AMHP)	3.14 million

Identified models of practise the local authority and its partners will encourage

Building on the objectives of the recently commissioned the High Support Accommodation service, we are looking to develop more high and medium level support services including 24-hour supported projects which can offer intensive support to clients leaving in-patient and forensic settings. We want these services to work creatively and proactively with clients to remove barriers to engagement and support people to move on to independent living.

To address the need for a pathway approach to independent living, we are looking for models of care which promote flexible housing support where the level of staff input could be stepped up and down to meet clients' changing needs.

To achieve this, we will be reviewing and re-commissioning all remaining mental health accommodation, floating support and community services. Additionally, we are keen to work with organisations that are able to develop accommodation in the borough either through new-build or refurbishment of existing property.

We intend to de-commission our services that are targeted at clients with low support needs and those with assured tenancies or the expectation of a home for life.

We want to reduce our reliance on residential placements through the development of more recovery-focussed services that promote service user choice and control and offer creative and holistic packages of care which can overcome barriers to engagement and address multiple needs.

This could be addressed through the further development of floating support services that can provide flexible support, including at an intensive level when needed, to clients in their own homes or those in supported accommodation.

We wish to create an accessible mental health treatment pathway understood by all staff, service users and carers with providers who are committed to fostering joint working arrangements for the benefit of clients

Commissioners also recognise that service users need greater access to services that promote recovery such as those that offer support with training, employment and volunteering opportunities or those that support peer mentoring. We expect providers to foster joint working relationships with organisations in the borough who are undertaking this work and to encourage service users to take up these opportunities. However, we also recognise that this is an area that would benefit from more investment.

We intend to commission from service providers that offer the following:

- A shared vision of the need to improve ways of working and commitment to a sustained process of change
- Have the right people in place – including senior and influential leads in the statutory and 3rd Sector services to act as champions for improvement and the best outcomes for clients
- A culture of therapeutic optimism about recovery and a holistic approach to support to enable clients to overcome barriers to recovery and independence

- It will work to high aspirations for client and avoid settling for an “optimal level of functioning”
- Able to develop positive working relationships across services provided by local authority, 3rd sector or mental health trust in order to achieve the best outcomes for service users

Likely future level of resourcing

Earlier in this document, we set out how funding for social care services is allocated in Greenwich (Table 2 p6). Commissioners are expecting more growth from the funding invested in the high support accommodation service and this allocation has been committed for five years, from April 2013. Together with the CCG we may require further savings from our MH Trust and will be looking to work with the Trust and CCG colleagues on service re-design and development. (not sure if this can go into a public document at this stage)

This leaves three areas of funding that are intended to be used to deliver the commissioning intentions in this document. Table 3 sets this out in more detail.

Social Care funding		
Current use	Amount	Comment
Social Care Contracts for counselling, group work and drop in services	£236,375	To be tendered in 2013/14. Amount tendered could vary, depending on findings of the review
Accommodation and floating support	£1.4 million	
Spot purchased residential placements and home care packages.	£2.4 million	There will be opportunities to use this budget for

Social Care funding		
Current use	Amount	Comment
		alternatives to residential care.

There is already a commitment to retender the contracts for social care community and accommodation based services in line with commissioning intentions.

Commissioners are considering ways to invest funding currently used to spot purchase residential and home care packages in a way that would provide alternative service models of care and support that would be both more user-led and more cost effective in terms of delivering outcomes, such as move on to greater independence.

We have identified that our current commissioning capacity is impacting on our ability to support the development of mental health services and maintenance of quality. We are therefore considering using some of the available funding to create two additional posts within the team. This will be modelled on the basis of driving up service quality and cost effectiveness.

(This may not be included in the final draft but is a key issue in terms of support from RBG in section below)

The support RBG will offer toward providing choice, innovation and development

Royal Greenwich wants a diverse and thriving provider market to meet the diverse needs of its clients and we are committed to supporting its development. We want to drive up the quality and effectiveness of services for people with mental health social care needs in our borough and are keen to have a dialogue with providers about effective and flexible service models,

innovative use and development of buildings and coherent implementation of choice and control.

We work through a joint commissioning group (JCG) which involves representatives of the CCG and strategic housing colleagues in addition to mental health commissioners. Although mental health commissioning is undertaken through separate posts in the CCG and RBG, the JCG ensures coherence in shared objectives between health and social care commissioners. The involvement of strategic housing colleagues within RBG means that this directorate is sighted on mental health priorities and has a commitment to open discussion about land availability and support applications for planning consent. (Check this with GA)

We are in the process of developing a borough-wide mental health service user group which will work closely with commissioners on service quality, identification of unmet need and will inform commissioning decisions

Commissioners have a commitment to listen to providers' views and to create opportunities for providers to input to commissioning plans, for example at monitoring meetings and at our borough mental health providers group, which is a sub-group of the JCG. We know that mental health providers (both commissioned and non commissioned organisations) have a great deal of expertise about service delivery, local demand and the strengths and challenges of the community services. We aim as far as possible to work with our providers as partner agencies and to share information as transparently as we can.