

## Market Position Statement for Working Age Adults with Mental Health Needs

### Vision Overview

Positive Mental Health is a cornerstone to emotional wellbeing yet many facets of services and society do not treat it as such. Mental ill health is the single largest cause of disability in the United Kingdom, contributing up to 22.8% of the total burden, compared to 15.95% for cancer and 16.2% for cardiovascular disease. It is estimated that 1 in 4 adults will experience mental ill health during their lifetime.

The vision for Mental Health services in Northamptonshire focusses on the ethos of Hope, Choice and Opportunity ensuring that resources are focussed on recovery and enablement to enable the health and social care system to work effectively in supporting individuals to meet outcomes that are important to them. These outcomes include:

- Physical and mental health needs being met
- Opportunities for employment/sustaining employment
- Sustained housing
- Access to the right service at the right time.
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These objectives can only be achieved through system change and a refocussing of service delivery including:

- Co-Production of service design, delivery and evaluation of provision
- Multi provider co-ordination and whole system delivery
- Focussing on achievement of outcomes rather than activity

### Strategic Direction

A number of national and local documents have informed our Market Position Statement. These include:

#### **The Mental Health Five Year Forward View**

<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

The publication of the Five Year Forward View for Mental Health in 2016 represents a crucial step in the move towards a greater parity of esteem between physical and mental health in service delivery including:

- Establishing a 7 day mental health service
- Expanding psychological therapies to support 600,000 more people
- Ensuring that by 2020/21 at least 30,000 more women each year can access specialist perinatal mental health care
- Launching new waiting time standards which have previously only affected physical health services

- Improving and expanding early intervention and crisis services.

## No Health without Mental Health 2011

<https://www.gov.uk/government/publications/no-health-without-mental-health-a-cross-government-outcomes-strategy>

This sets out a national strategy for preventing and improving the mental health and wellbeing. The outcomes defined are

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

## Local Strategy

### The Sustainable Transformation Programme (STP)

<http://www.northamptonshirestp.co.uk/>

Northamptonshire's Sustainability and Transformation Plan (STP) sets out how health and social care locally will develop over the next five years. This plan sits alongside the county's Health & Wellbeing Strategy, Supporting Northamptonshire to Flourish, and builds upon previous work to shape services in a joined up way.

<http://www3.northamptonshire.gov.uk/>

It sets out how Health and Social Care will address at a local level the three top priorities faced the across the country:

- Health and Wellbeing: By promoting healthier lifestyles, we can improve people's quality of life and reduce the pressure on health and social care services.
- Care and quality: Ensuring needs are met by services of consistently high quality.
- Funding and efficiency: Efficient use of limited resources is essential if services are to remain effective, affordable and able to provide up-to-date treatment

The Healthier Northamptonshire Programme is a strategic alliance between Nene and Corby Clinical Commissioning Groups (CCGs) and Northamptonshire County Council and focusses on how to deliver better care for better value for people living in Northamptonshire. The key principles are:

- A focus on keeping people out of hospital wherever possible.
- Integrating Health and Social Care
- Collaboration to manage resources jointly across organisations
- A Joint Mental Health Strategy currently being developed in partnership with local stakeholders but will build on the national strategic direction and local needs
- Making 'parity of esteem' a reality through a local plan
- Developing services that promote personalisation

# Demography

## Northamptonshire's Population

- Northamptonshire has a growing and ageing population totalling 723,000 in 2015. This is predicted to rise by 100,000 by 2020.
- The ethnic mix of the population is changing. An estimated 89% of under 16s are white compared with 97% of the retired population. There is an increase in migration to the County from a variety of ethnic communities including Polish, Bengali, Romanian, Lithuanian and Somali.
- 14% of Northamptonshire's population are in the 20% most deprived areas nationally. The County has a contrasting picture with the majority of deprived areas within the urban areas of Corby, Wellingborough and Northampton.
- In 2011 76,500 patients aged 18+ were registered with their GP with depression. The numbers registered with schizophrenia, bipolar disorder and other psychosis were 5,124. This equates to 0.72% of the population.
- The picture for good health and wellbeing is generally higher in Northamptonshire than the national average. An estimated 25% of the adult population smoke across the County but in some areas of Corby, Kettering, Wellingborough and Northampton this increases to up to 48%. Obesity is a growing problem in the County and is higher than the national average. Alcohol related admissions whilst lower than the national average are costly and are increasing.

## Current Mental Health Service Provision

The NHS accounts for 84% of spending on adult and older people's mental health services in Northamptonshire.

The Health and Social Care Budget, 2016/17 for working age adults with Mental Health Needs had a total spend of £55,061,000

**NB: This does not include older people with dementia, people with a primary need of learning disability or primary care.**

The Northamptonshire Healthcare Foundation Trust (NHFT) accounts for 64% of spending on adult mental health services in Northamptonshire. This includes hospital provision, Community Mental Health services, IAPT provision and Acute Psychiatric Liaison Services.

NHFT £44,000,076

Non-NHFT £19,000,000

Social Care £7,800,000.

**NB: This is (the budget spent on working age adults for packages of care)**

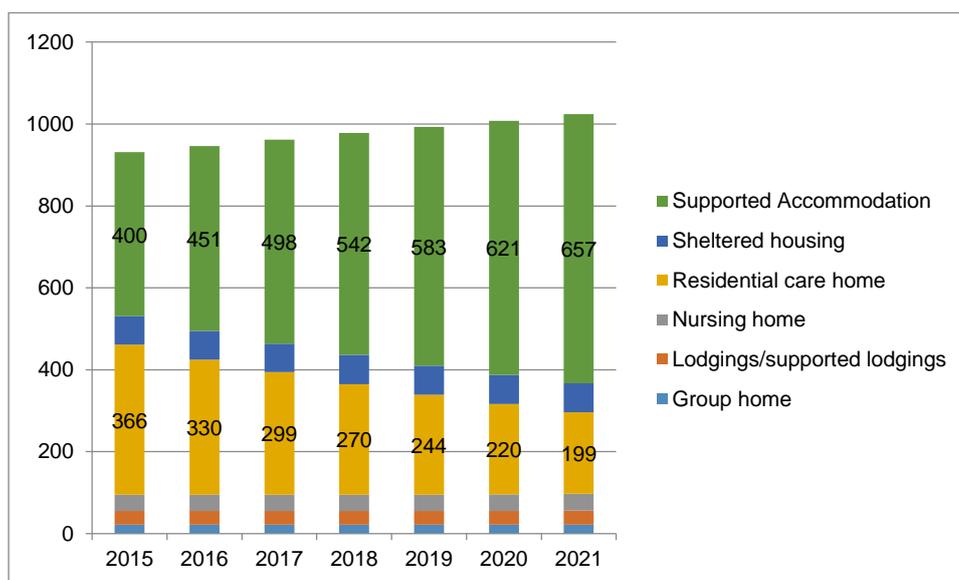
## Current Funded Provision outside of NHFT Services

Service	Number of Individuals Currently Supported
Nursing	94 Joint funded Health and Social Care
Residential	115 Joint funded Health and Social Care
Supported Accommodation	350 Joint funded Health and Social Care
Individual Budget	202 Social Care
Intermediate Support	100 per month Health
Community Opportunities	120 Social Care

NB: These figures are a snapshot and fluctuate frequently. There may be some individuals in receipt of more than one service

### Supported Accommodation.

Over the past four years there has been a significant increase in the number of Supported Accommodation placements for people with needs related to Mental Ill Health. This is a continuing trend.



### Residential care.

There has generally been a reduction in the need for residential care. However some specialist residential care catering for people with more complex needs has increased particularly for people with Autism and associated episodic Mental Health and people with complex and fluctuating mental health (e.g. Personality Disorders).

### Nursing Care

The need for nursing care has remained fairly stable but the requirement for more specialist nursing care, particularly for people with complex and enduring mental health needs and people with dementia have increased.

### **Individual Budgets (IBs)**

In Northamptonshire, IBs are predominantly funded by Social Care. They are payments made directly to individuals to pay for assessed, eligible needs as an alternative to a directly funded service. Types of support purchased cover a variety of different needs including domiciliary care, community access, respite, and day activities. There has also been some opportunity for people who have significant health needs to access Individual Health Budgets funded by the Clinical Commissioning Group. The types of support purchased have largely remained similar.

### **Future Demand**

NCC and Nene and Corby CCGs face significant financial challenge to meet the increasing demand with reduced budgets going forwards. Therefore there is a need to consider new ways of delivering services that are effective, integrated, offer value for money, reduce duplication and are personalised.

In Northamptonshire there has been a reliance on residential care and there is a variety of provision that exists for people who require support due to a mental health need. This includes nursing and residential care which is generally supporting older people with mental health often associated with physical health needs and specialist care for people with Aspergers/ High Functioning Autism or complex mental health (e.g. Personality Disorder).

*For a comprehensive overview of the challenges associated with Autism please refer to the Market Position Statement for Individuals, Families, and Carers Living with Autism*

In future it is anticipated that there will be a general reduction in residential places and further growth in supported accommodation and further requirements for 'housing with care' to support individuals who are becoming physically more frail in addition to having a mental health need.

There will be a need for more nursing care for individuals who have complex care needs and who are stepping down from hospital care as an alternative to hospital treatment.

With the emphasis on supporting independence and enablement there will be a greater demand for a range of robust community support opportunities including supporting individuals in their own homes and support with gaining/ retaining employment .This includes offering support to individuals with Complex Mental Health needs in the community and will require organisations who have experience and skills in supporting more complex needs including those with Mental Health and drug/ alcohol issues, those with historic risk issues including those supported by Forensic services and individuals who require support with medication management .

## Commissioning Intentions

1. To review the current supported accommodation provision and framework with a view to procuring supported accommodation for people who have complex and enduring mental health needs 2018/19
2. To work with Local Borough Councils and providers to explore accommodation options for individuals stepping down from high end supported accommodation. 2018/19
3. To work in partnership with the CCGs and NHFT to develop an Outcomes Based Framework in order to improve co-ordination for a range of care needs and to ensure consistent quality.
4. To work with local Third Sector providers to develop greater opportunities for peer led support models that support greater community resilience
5. To work in partnership with NHFT and other providers in developing employment support opportunities
6. To develop a local framework for residential/ nursing provision needs
7. To develop a short term community rehabilitation resource to better support individuals outside of hospital 2019/20

Sue Pepper February 2018