Middlesbrough Market Position Statement
Adult Mental Health Services

1 in 4 of us will experience mental health problems in our lifetimes.
Executive Summary

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“Market Shaping is a key enabler for ensuring people can exercise choice and control over a meaningful range of high quality support options that meet their needs and aspirations”

Providers have a duty of care to each individual they are responsible for ensuring services meet their individual needs. Putting systems and processes in place to provide effective, efficient and high quality care.

Commissioners are responsible for planning for local needs as well as purchasing care to meet people’s needs.

Personalised Services - tailored to the needs of each individual person.

Service Values and Principles:
• Privacy
• Dignity
• Independence
• Choice
• Rights
• Fulfilment
• Equality
What is a Market Position Statement?

Middlesbrough has produced this document to describe how the Local Authority is shaping the local care market.

It provides data on:
- Our local Population including people with mental health issues
- Details of current services available to people with mental health issues in the local area
- Provides evidence of gaps in provision within the local market

This document will help Providers and Agencies of Care Services:
- Make decisions about how to invest and provide mental health services in Middlesbrough.
- Explore new opportunities and new ways of delivering mental health services in the future.

It will enable the Local Authority with the help and assistance of mental health Providers to plan and shape the future of services.

Middlesbrough Local Authority would like to work with Agencies and Providers of mental health services to ensure there is greater choice of high quality services for people living in the local area now and in the future.

As a Local Authority and a commissioning service, our role is to influence and support the market by sharing relevant information. This will enable existing and new Providers along with Local Businesses to:

- Understand local need, based on evidence
- Understand how local people want to live their lives
- Enable self-help and promote independence
- Understand local markets and monitor quality
- Decide when and how to commission services
- Work effectively with providers, service users and carers to make sure that the right services are available, in the right place, at the right time.
Who is this document for?

Middlesbrough Local Authority’s Market Position Statement includes local data for statutory, independent and third sector Mental Health Providers. This relates to adults aged 18 to 64 with functional mental health conditions, such as: depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post-traumatic stress disorder (PTSD), personality disorders, agoraphobia, attention deficit/hyperactivity, anorexia nervosa and bulimia nervosa.

The document includes information on local demographics, demand and current provision as well as identifying gaps in service provision. It is intended to identify future demand along with the changing needs for care and support in the future.

Money from Central Government will continue to be reduced and this will call for innovative approaches to supporting the most vulnerable people in our community.

There is a shift from care support services to enablement, re-ablement and crisis prevention.

We know when people are in control of their own budgets, they make different decisions about the type of care they buy in place of more traditional forms of care.

Moving into adult life can be an exciting and challenging time for young people and their parents. This tends to be more challenging for young people with mental health issues due to lots of changes and choices to be made about the future. Delivering effective transitions for young people is recognised as an effective way of addressing the difficulties confronted by young people with mental health issues. Services need to evolve with the person and be an individual service designed around the person.
Accessing Services in Middlesbrough

Middlesbrough Local Authority is revamping the way public services are advertised and purchased. As part of this planned change the Local Authority is using methods similar to those being used on the High Street to advertise and alert members of the public to products available via the internet.

Middlesbrough Matters is an on-line directory of services, which will operate as an information “one stop shop” for Middlesbrough citizens – giving citizens more control by purchasing services directly from the new fully integrated e- market place.

The directory will be a major source of information as it holds a range of details on local / national support services.

It allows new and existing customers the chance to choose Support Services in an easy accessible way. Citizens of Middlesbrough, irrespective of having Social Care involvement, will be able to consult the Directory, view and access different types of local support services to meet their needs. This will enable local residents to access services in a variety of ways such as using digital communication as well as the more traditional methods.

Middlesbrough Matters is a potential FREE marketing tool for Providers and local Support Agencies. It will allow you to advertise services as well as being able to reach a wide diverse market at NO EXTRA COST.

It is designed for Providers to “self manage” their own accounts via log in access. The log in will allow added functionality such as including logos, photos, awards & accreditation which will make your listing more attractive.

Local citizens are able to “pick and mix” services to suit their needs using the Middlesbrough Matters Directory!

In line with the Governments Digital Strategy and the view of how Care Services are to be delivered in the future, the use of the Directory allows people more choice and control over the type of service they purchase.

Improved methods of communication continue to be explored which include the use of Social Media and Smart Phone Apps.
The National Picture

The Government Strategy “No Health without Mental Health” ensures a life span approach is taken for people with mental health issues.

The 6 identified objectives for improving mental health and wellbeing are:
- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

The strategy is monitored and delivered by an Outcomes Frameworks.

The Strategy contains 10 priorities:
1. Mental health has ‘parity of esteem’ with physical health within the health and care system
2. People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
3. Public services improve equality and tackle inequality
4. More people have access to evidence-based treatments
5. The new public health system includes mental health from day one
6. Public services intervene early
7. Public services work together around people’s needs and aspirations
8. Health services tackle smoking, obesity and co-morbidity for people with mental health problems
9. People with mental health problems have a better experience of employment
10. We tackle the stigma and discrimination faced by people with mental health problems
Local Authority Adult Social Care Departments are responsible for carrying out assessments of an individual’s needs if it is thought that they would benefit from further help and support.

The Department of Health National Guidelines ensure services are provided fairly and to people that need them most. The eligibility criteria used by Adult Social Care Departments is known as Fair Access to Care Services (FACS). Not everyone that asks for support will be able to get the exact help or service they have asked for. FACS covers six areas and an individual’s level of need will be identified as either:

- Critical
- Substantial
- Moderate
- Low

Following the eligibility assessment Adult Social Care Departments may provide or commission services to meet an individual’s needs or individuals may choose to purchase their own support through a personal budget. Individuals, who have capacity and choose to purchase their own support, will be provided with a direct payment and those who lack capacity to will be offered a managed account.

Currently Local Authorities are free to decide, the threshold at which individuals are entitled to receive support. However under the 2014 Care Act it is likely that FACS will be replaced by a national eligibility threshold.

The 2014 Care Act introduces major reforms to the legal framework for adult care and support in England. These changes will impact on:

- The way Local Authorities do business
- The roles of Care Providers and user organisations in the delivery of care

There is an emphasis on promoting people’s wellbeing, focusing on prevention as well as providing information and advice.

Under the Care Act, local authorities will take on new functions. This is to make sure that people who live in their area:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support;
- have a range of high-quality care providers to choose from.

Poor mental health is the largest cause of disability in the UK. It is closely connected with other problems, including poor physical health and problems in other areas like relationships, education and work prospects.
1 in 4 people in the UK are affected by mental illness.

Across the UK, about 23% of the adult population, and 10% of children and adolescents have a mental health condition each year. For adults, 17% have a depression or anxiety condition, 0.4% has psychosis (such as schizophrenia and bipolar disorder), 6% are dependent on alcohol, 3% on illegal drugs, 4.4% have personality disorders, 6.4% have an eating disorder and 5% of adults over 65 have dementia. For children and adolescents, 6% have conduct disorder, 4% emotional disorder, 3.5% have ADHD and 1% has less common conditions such as autism. However rates can vary three fold depending on where you live and other factors.

In 2012-13, there were more than 45,000 detentions in hospital in England under the Mental Health Act 1983. The Act affects and impacts on the lives and liberty of many people. Significant numbers of health and care professionals, police officers and many others are involved in supporting people subject to the Act.

The cost of mental health problems to the economy in England is estimated to be £105 billion, and treatment costs are expected to double in the next 20 years (DH, 2011).

9 out of 10 people with mental health problems experience stigma and discrimination.

Common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time.

Social prescribing, which includes primary care based initiatives such as exercise on prescription, as well as signposting service users to sources of information and support within the community and voluntary sector, has been quite widely used for people with mild to moderate mental health problems. It has been shown to have a range of positive outcomes for disadvantaged, isolated and vulnerable populations in general, and for people with enduring mental health problems.

People with a diagnosis of personality disorder have not, in the past, had enough help from mental health services. These services have been more focused on mental illnesses like schizophrenia, bipolar disorder and depression. There have been arguments about whether mental health services can offer anything useful to people with personality disorders. Recent research makes it clear that mental health services can, and should, help people with personality disorders.
Mental well-being is influenced by many factors, including adequate housing, employment, financial security and access to appropriate health care. A wide range of mental health conditions are consistently associated with poor education, low income and standard of living, poor physical health and adverse life events.

People of all ages and from all social and cultural backgrounds may harm themselves but some groups are especially vulnerable because of life experiences, personal or social circumstances, physical factors or a combination of these elements. There is a higher incidence of self-harm among asylum seekers, people from BME communities and people from sexual minorities.

The prevalence of co-existing mental health and substance use problems (termed ‘dual diagnosis’) may affect between 30 and 70 per cent of those presenting to health and social care settings. There is growing awareness of the serious social, psychological and physical complications of the combined use of substances and mental health problems.
The Local Picture

Demand

It is predicted that in Middlesbrough, the population rates of people aged 18 to 64 years are to remain fairly stable; this could lead us to predict that mental health problems in this age group will also remain stable. However, historically the demand for adult social care services from people in this age group with mental health problems has been upwards and by 2020 the number receiving a service is expected to increase from 903 in 2014 to 1,670.

Middlesbrough has a significantly higher prevalence of mental health disorders and depression than England. This is due to the area experiencing higher risk factors for mental health problems including long term unemployment, chronic low pay, poor academic attainment, long term physical health conditions and high alcohol use.

The number of people aged 18 to 64 years, with mental health problems have been forecast to 2020:

- **Common mental disorder** – 13,900
- **Borderline personality disorder** – 390
- **Antisocial personality disorder** – 300
- **Psychotic disorder** – 350

Middlesbrough has significantly high hospital admissions for mental health, in 2010/11 they had the highest in-year bed days per 1000 population in England and the highest rate of emergency hospital admissions for self-harm in England. This could indicate a lack of effective community support and prevention services.

Hospital admissions for unintentional and deliberate injuries and alcohol use are also significantly high.

Mental health needs in Middlesbrough are demonstrably higher than the national average.

The mental illness needs index (MINI) for Middlesbrough, shows that there are significantly higher estimated needs than the national average with 11 out of 23 wards in the highest 20% of need and no wards in the lowest 20% of need.

The South Tees area has significantly higher prevalence of mental health disorders and depression than England.

This may be due to the area experiencing higher risk factors for mental health problems including depression: long term unemployment, chronic low pay, poor academic attainment, high alcohol use.

Middlesbrough has the highest emergency hospital admissions for self-harm in England and one of the highest for under 18 age admissions for unintentional and deliberate self-harm.
South Tees Clinical Commissioning Group (CCG)

The South Tees Clinical Commissioning Group (CCG) commission Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust to provide a number of services including a Child and Adolescent Mental Health Service (CAMHS) for young people aged up to 18 who are experiencing mental health issues and an Early Intervention in Psychosis Service, specifically for young people aged 14 to 35, who have or are at risk of developing psychosis.

TEWV also provide specialist community mental health teams for Affective Disorders and Psychosis, and an Assertive Outreach service for people with severe and enduring mental health problems who are vulnerable or prone to rapid relapse. There is also a Mental Health Access service which provides a first point of contact for referrers. Alongside these services, there is a Crisis resolution and home treatment service which provides a rapid response and prompt assessment and, where appropriate, intensive time limited interventions for adults who are experiencing an acute mental health crisis.

TEWV also deliver a Liaison Psychiatry Service which provides assessments and signposting for patients aged 18 and over, who present with mental health problems at any of the acute general hospitals in Teesside.

The CCG commissions a carers’ support service for adults in Middlesbrough who support a friend, relative or partner with mental health difficulties.

The CCG also commissions a number of organisations to provide talking therapies services. Clearly the picture is improving regarding talking therapies services; however data still suggests low rates of access, longer waiting times and low rates of people moving to recovery.

Time to Change, the mental health anti-stigma campaign has had a positive effect on the general public’s attitude in relation to mental health.

Speaking openly about mental health is an essential element in breaking down the stigma surrounding it.

Mental wellbeing describes your mental state – how you are feeling and how well you can cope with day-to-day life.

Mental wellbeing can change, from day to day, month to month or year to year.

If you have good mental wellbeing (good mental health), you:

- feel confident
- are able to engage with people
- build and maintain relationships
- contribute to the community
- are able to work
- can cope with stresses of daily life
- are able to manage change
NHS England

NHS England commission TEWV to provide all inpatient secure services at Roseberry Park, this forms a key part of the Trust’s plan to modernise the way mental health services are delivered. The purpose built facility provides 312 inpatient beds, comprising of self-contained adult mental health wards, low and medium secure forensic units and various vocational and therapy areas.

TEWV also provide a 14 bedded specialist rehabilitation and recovery service for people who do not or no longer require a stay in hospital but whose needs cannot be met by social care services.

There is a specialist community team providing treatment and support for people with eating disorders (primarily anorexia nervosa and bulimia nervosa).

Public Health (PH)

Public Health fund a number of adult mental health services in Middlesbrough, including anti-stigma and unclaimed benefits projects.

Public Health also fund the South Tees social prescribing project that is led by Middlesbrough Voluntary Development Agency. This service is for primary care and other services to refer people with social, emotional or practical needs to a range of local services, often provided by the third sector, to improve wellbeing and resilience.

They also fund the Tees Mental Health training hub, which co-ordinates and commissions mental health training and provides basic training to staff on mental health issues and the Cruse Bereavement service, which is a charity dedicated to supporting bereaved people, through one to one, group and telephone support.
**Market Position Statement**

**Adult Social Care**

The eligibility criteria set by Middlesbrough’s Adult Social Care means that only those people with Critical or Substantial needs are entitled to receive social care services.

Middlesbrough has significantly high admissions for under 65’s with mental health problems to residential and nursing care homes. In 2013/14 there were 14 actual new admissions from Middlesbrough, which is the equivalent of 16.3 per 100,000 of the population, compared to the England average of 4.7 admissions. Middlesbrough’s rate of admissions to care homes is increasing year on year with 8 in 2011/12 and 11 in 2012/13.

Of the 14 people placed in registered care homes in 2013/14, 12 (86%) were subject to Section 117 of the mental health act and therefore have previously been detained in hospital.

In 2013/14 the majority of people were placed in care homes in Middlesbrough, however 3 people (21%) were placed in homes in another local authority.

Of the 11 people placed in care homes in 2012/13, 6 (55%) are still resident, 4 (36%) died and 1 person (9%) moved out to live in sheltered accommodation. This could indicate low levels of recovery taking place within registered care homes.

The take up of direct payments by people aged 18 to 64 with mental health problems decreased from 52 in 2012/13 to 39 in 2013/14. Of the direct payments, 25% are used to purchase support from a personal assistant and 20% are used to purchase support from an agency. Of the 39 people receiving direct payments in 2013/14, 24 received support from a third party agency to manage their direct payment. Middlesbrough has a lower than England average take up of direct payments across all client groups.

Middlesbrough have reported significantly low numbers of people in contact with secondary mental health services in settled accommodation and in paid employment, they rank 142nd and 127th out of 149 local authorities respectively.

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"mental health problems are also estimated to cost the economy an eye-watering £105 billion per year." *Minister of State Paul Burstow, No health without mental health implementation framework*

The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years.

Mental Health First Aid is an educational course that helps people identify, understand and help people who may have mental health problems. It was developed in Australia and is recognised in 23 countries.

"If you experience low mental wellbeing over a long period of time, you are more likely to develop a mental health problem..."
There are services available in Middlesbrough for individuals who do not meet the eligibility criteria for social care. These services include housing related support which can be used to support individuals with issues that may impact on their mental health e.g. benefit claims, landlord and neighbour disputes, finding somewhere suitable to live, accessing employment, training or education, etc.

In 2013/14 there were 75 people aged 18 to 64 living in supported housing specifically for people with mental health problems.

In 2013/14 there were approximately 154 people with mental health problems receiving commissioned support to maintain their independence at home.

Developments have taken place throughout 2013/14, which aim to align adult social care services to the new national strategic direction and address gaps in service provision, although it is too early to comment on their success.

A number of providers of personal assistance enablement and support services have been commissioned to give choice to individuals with assessed mental health needs who require support to continue to live in their own home, preserving maximum independence and social inclusion.

A mental health assessment and recovery service was made available to provide individuals with short term accommodation where they can receive a comprehensive assessment of their living skills, support to develop personalised recovery plans and to move on to suitable and sustainable housing.

A specialist mental health residential and nursing care service opened for people who have been diagnosed with a functional mental illness or personality disorder, who require nursing care and have more challenging or complex behavioural needs.

Work has progressed within existing residential and nursing care homes to transform these services to deliver more recovery focused support.

There has been a move away from traditional day services to the provision of community resources such as:

- Educational and Therapeutic groups, Courses and Workshops for people who are experiencing mental health or emotional difficulties,
- Peer Support,
- Reablement
- Custody and Court support
- Support within the community to address social isolation

Work is ongoing with TEWV to gather the information necessary to enable us to predict the demand for services from individuals discharged from forensic wards to Middlesbrough.
Carers

1 in 8 Adults is a Carer – this equates to around 6 million people living in the UK. It is estimated by 2037 this number will increase to 9 million.

It is estimated Middlesbrough has a total of 14,500 Carers with approximately 486 recorded Carers who care for people with Mental Health issues. However there are 3095 people recorded as relatives for people with Mental Health issues. It is also estimated that 40% of carers are at risk of developing depression as a result of the stress of their caring role.

Carers have told us in some instances they have needed emergency support in the evenings and at weekends when Local Authority services are not available.

Hidden Carers only become known to services in times of crisis.

Local provision for Carers includes:
- One to one emotional support
- Person centred carers support plans
- Advocacy
- Information and Advice
- Support Groups
- Wellbeing workshops
- Signposting to other organisations
- Carers Emergency Card
- Information and support for working carers

“The Care Act in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers.

At last, carers will be given the same recognition, respect and parity of esteem with those they support.

Historically, many carers have felt that their roles and their own well-being have been undervalued and under-supported.

Now we have a once in a lifetime opportunity to be truly acknowledged and valued as expert partners in care”
Dame Philippa Russell, Chair of Standing Commission on Carers
Advocacy

The new **Tees Advocacy Hub** began operating in June 2014 and offers a service for people living in the Middlesbrough, Redcar & Cleveland, Stockton and Hartlepool.

The Tees Advocacy Hub is operated by Middlesbrough CAB.

Different types of Advocacy available via the Hub include:

- **General Advocacy**, where the Advocate will support you with issues relating to housing, health and social care systems (available to people aged 18 and over).

  There are 3 types of general advocacy which includes:
  - Short term issue based or crisis advocacy
  - Non instructive advocacy
  - Health advocacy (support to attend and understand procedures)

- **Independent Mental Capacity Advocacy** (IMCA available to people aged 16 and over).

- **Independent Mental Health Advocacy** (IMHA available to people aged 16 and over).
Advocacy in all its forms seeks to ensure that people are able to speak out, to express their views and defend their rights.

The Mental Health Act 1983 (as amended by the Mental Health Act 2007) makes provision for statutory access to Independent Mental Health Advocate's (IMHA's) for patients subject to certain sections of the Mental Health Act 1983. IMHA's are an important safeguard that will help and support patients to understand and exercise their legal and civil rights.

IMCA is a type of Advocacy introduced by the Mental Capacity Act 2005. The Act gives some people who lack capacity a right to receive support from an IMCA in relation to important decisions about their care.

### Representational Advocacy Provision 2014/15

#### General Advocacy

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<td>Self</td>
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</tr>
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<td>Male</td>
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#### Independent Mental Capacity Advocacy

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#### Independent Mental Health Advocacy

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<td><strong>Total</strong></td>
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## Current Provision

The following table contains the services available to people with mental health, it includes services commissioned by the Council, the CCG, Public Health and those provided by the voluntary sector.

<table>
<thead>
<tr>
<th>Middlesbrough Services</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Advocacy</td>
<td>● Consisting of the Tees Hub providing IMCA, IMHA, Representational &amp; General Advocacy and 1 other organisation</td>
</tr>
<tr>
<td>Personal Assistance, Enablement, Support</td>
<td>● Consisting of 7 organisations</td>
</tr>
<tr>
<td>Community Support</td>
<td>● Consisting of 1 organisation providing services that include, reablement, community support to address social isolation, educational and therapeutic groups, courses and workshops, peer support</td>
</tr>
<tr>
<td>Home Care</td>
<td>● Consisting of 5 organisations</td>
</tr>
<tr>
<td>Housing Related Floating Support</td>
<td>● Consisting of 1 organisation providing approximately 450 hours</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>● Consisting of 8 organisations providing 75 beds</td>
</tr>
<tr>
<td>Residential Care</td>
<td>● Consisting of 4 Registered Care Homes providing 80 bed</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>● Consisting of 2 Registered Nursing Homes providing 28 beds</td>
</tr>
<tr>
<td>Carers Support Services</td>
<td>● Consisting of 2 organisations</td>
</tr>
<tr>
<td>BME Service User and Carers Support</td>
<td>● Consisting of 2 organisations</td>
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<tr>
<td>Talking Therapies</td>
<td>● Consisting of 7 organisations</td>
</tr>
<tr>
<td>Custody &amp; Support</td>
<td>● Consisting of 1 organisation</td>
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<tr>
<td>Tees Services</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Advocacy</td>
<td>• Consisting of the Tees Hub providing IMCA, IMHA, Representational &amp; General Advocacy</td>
</tr>
<tr>
<td>Residential Care</td>
<td>• Consisting of 11 Registered Care Homes providing 19 beds to Middlesbrough residents</td>
</tr>
<tr>
<td>Nursing Care</td>
<td>• Consisting of 8 Registered Nursing Homes providing 17 beds to Middlesbrough residents</td>
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<table>
<thead>
<tr>
<th>Out of Area</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care</td>
<td>• Consisting of 9 Registered Care Homes providing 11 beds to Middlesbrough residents</td>
</tr>
</tbody>
</table>
The current spend for Adult Social Care

In the 2013/2014 financial year Middlesbrough Council spent £63,312,000 (gross expenditure) on Adult Social Care and £6,996,000 (gross expenditure) for Mental Health Services.

This represented 11% of Adults Care Service’s gross expenditure in 2013/2014.

<table>
<thead>
<tr>
<th>Breakdown &amp; Expenditure Type</th>
<th>£</th>
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<tbody>
<tr>
<td>Assessment &amp; Care Management</td>
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<tr>
<td>Nursing Care</td>
<td>507,000</td>
</tr>
<tr>
<td>Residential Care</td>
<td>1,907,000</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>258,000</td>
</tr>
<tr>
<td>Home Care</td>
<td>510,000</td>
</tr>
<tr>
<td>Community Support (Day Services)</td>
<td>213,000</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>274,000</td>
</tr>
<tr>
<td>Equipment</td>
<td>31,000</td>
</tr>
<tr>
<td>Housing Related Floating Support</td>
<td>346,000</td>
</tr>
<tr>
<td>IMHA</td>
<td>34,000</td>
</tr>
<tr>
<td>Carers</td>
<td>32,000</td>
</tr>
<tr>
<td>Service User Involvement</td>
<td>108,000</td>
</tr>
<tr>
<td>Other (one off costs associated with service closure and staff redundancy)</td>
<td>1,239,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£6,996,000</strong></td>
</tr>
</tbody>
</table>

Source: 2013/14 PSSEX1 return
What’s needed for the Future?

The following are the developments that the Local Authority will be taking forward; it does not include developments which may be the responsibility of other partners. It is also an aspirational list of services that will be needed to meet perceived gaps in current service delivery and it must be noted that the resources might not be available to achieve all of these aims. The market position statement will continue to link with the Joint Strategic Needs Assessment for Middlesbrough.

Develop effective transition services between CAMHS and adult social care services.

Promote the use of Middlesbrough Matters with the citizens of Middlesbrough as a way of accessing information regarding a wide range of services.

Promote the use of Middlesbrough Matters with Service Providers as a way of informing citizens of their available services.

Improve the availability and effectiveness of preventative services, including information and advice services.

Provide long term innovative support opportunities which can offer an alternative to residential care.

Work with care homes and supported living services to ensure they are delivering recovery focused support.

Ensure people with mental health problems have access to extra care housing.

Increase the number of people who have a direct payment, for services that are tailored to their individual needs.

Promote the Tees Advocacy Hub.

Involve people with mental health problems, their families and carers in planning and commissioning, including the development of strategies, the evaluation of current services, service design, purchasing and delivery.

Develop a comprehensive rehabilitation and recovery pathway from hospital to independent living.

Produce information on available respite options and promote with service users and care coordinators.

Improve the number of people with mental health problems helped into employment and supported to maintain their employment.

Personal budgets give people greater control over the support they get. People with a mental health condition can use a personal budget, which is money from the Local Authority, to pay for social care services and support.
Market Position Statement

Ensure people with mental health problems who are diagnosed with autism receive specialist support services.

Promote the use of mental health first aid training.

Develop services/pathways for people with mental health problems who also have long term physical health conditions.

Review the individuals placed in residential and nursing care services outside the local area, with a view to determining whether these services could be provided more effectively in Middlesbrough.

Develop services for people with mental health problems who also have alcohol and/or drug problems.

Ensure the carers’ strategy and commissioned services reflect the needs of those caring for people with mental health problems.