

Northumberland County Council



Market Position Statement for
people with mental health issues

Working in partnership

There are a number of forums across the county which bring together the commissioners and providers of services with people with mental health problems and their carers – and help coordinate the work of different health and social care organisations.

Not everybody with a need for mental health services will be eligible for public support for funding them, and we will need to work with those who pay for services themselves and make sure that the market works to meet their needs. This Market Position Statement will build on this dialogue, so that

- we agree the strategic direction of travel for services for people experiencing mental health problems in Northumberland
- we agree what good quality support looks like
- we make best use of the individuals' natural supports and daily community opportunities
- we design and deliver services that match what people want and need
- the commissioners and providers of services have a shared understanding of the local market
- the council is clear about its priorities for commissioning and how it sees the future, and has shared this with service users, carers and families of people with mental health problems and with providers.

A sense of direction

We want people with mental health difficulties and their carers to lead rich and interesting lives as residents of Northumberland, learning and developing new skills which will add to their independence and enable them to contribute to the local communities in which they live. We want them to access the varied and stimulating opportunities that exist within the County available to all residents in employment, leisure and learning. To achieve this, we want to work with existing providers to modify and adapt what they offer as well as looking at new and different services – which may come from

- realising the potential that people with mental health difficulties have
- enabling families to support their family member in their choices
- encouraging existing providers of care to build upon their knowledge and connections
- working with providers of existing services to support them to develop and change that they have to offer.

The council wants to work with all these businesses and interested parties to influence them and support them to make this vision a reality. Money has never been tighter – and the pressure to get the best out all of the resources we have has never been more urgent. It is a journey we would like you to make with us.

Our ambitions for service outcomes in Northumberland

We are currently working with commissioned providers of day services and employment opportunities for people with mental health problems to review the current provision and to develop a future-proofed, evidence based and improved new model of service. Once that model of service has been agreed with service users, carers and providers we want to work to develop a targeted Quality Monitoring Framework which can be introduced across the new service model at the beginning of the new financial year 2015/16.

The Council has been engaged with current providers of residential care services for people with mental health problems who are of working age, for the last couple of years. Strategically our direction of travel is:

- To promote personalisation, independence, choice of accommodation and increased access to appropriate in-reach or floating support
- To support the individual to be maintained in their own home with an appropriate package of health and care support around them where necessary
- To provide enhanced care, where this is assessed as required for brief periods of time, again within the person's own home.

Only as a last resort would it be necessary for the individual to receive 24 hour support or be placed in a residential care setting and only very rarely would it be seen as a 'home for life'.

On occasions it may be necessary for the individual to spend a short period of time in a residential care environment in order for the person to regain their independence and recommence their recovery journey. This may be following a short inpatient admission within a psychiatric hospital or after a period of ill-health and loss of skills in their own home.

We will be working with Mental Health Residential Care Home Providers to develop a Quality Monitoring Framework which can be introduced across the new service model at the beginning of the new financial year 2015/16.

How are we going to get there? The Northumberland journey

In the next year we will...

- Have individual and/or group discussions with all the major care and support providers in the county about the vision for the future set out in this document and meet with any other interested provider who requests an interview
- Continue our joint work with the Northumberland Clinical Commissioning Group to respond to the need to transform local infrastructures to support people with mental health problems and their families, with the implementation of their 5 year mental health strategy
- Continue to work with Northumberland Tyne & Wear NHS Foundation Trust in the development and implementation of their transformation system (Principal Community Pathways) for inpatient and community mental health services
- Improve the current transition arrangements to support smooth moves to adulthood
- Continue to work to review, modernise and improve the currently commissioned mental health and addictions services in Northumberland.

What is happening nationally?

Adult social care is changing radically. Key impacts this transformation has on mental health services include:

- People with mental health issues are being given more control and choice over the support they need.
- Funding for mental health services will be affected by implementation of the reforms introduced by the Care Act in 2016. Uncertainties about the finance and operation of this significant and complex change make planning very difficult.
- People with mental health issues now have the opportunity to have a personal budget. They can use this to design their own personalised package of care and support that meets their individual needs. They will be able to choose services from a range of providers. This could include a mix of traditional and mainstream services.
- People will also be funding some aspects of their own care needs in the future.
- The aim is to give people with mental health issues the same opportunities and responsibilities, aspirations and life chances as other people. This is about making sure people with mental health issues are involved in and are in control of, decisions made about their lives; with greater access to housing, health, education, employment, leisure and transport opportunities and to participation in family and community life.
- Health and social care joint working to find effective alternatives, and to prevent admission to hospital.
- There is a key shift from caring to enabling and developing independence.
- There is a national drive to give equal emphasis to promoting good mental health and good physical health.
- A Supreme Court decision in March 2014 widened the definition of “deprivation of liberty”, meaning that most providers of 24-hour care for people with limited mental capacity may now need formal authorisation of care arrangements for some of their service users.

THE CARE ACT IN BRIEF

The Care Act 2014 is the most important statutory change in social care for two decades. It confirms much of the existing law and introduces a number of new features:

- A council duty to provide **preventative services**
- A council duty to promote **integration with health**
- A council duty to provide **information** on care and support
- A council duty to oversee the **social care market** promote variety and quality
- A duty to **co-operate** with councils when asked
- New statutory **eligibility** criteria
- A **social care costs cap** for individuals
- A council duty to meet **carers’ needs**
- A duty to arrange **advocacy** where needed
- A new local authority responsibility for **social care for prisoners**.

The scale and complexity of the changes means that it is difficult to plan ahead, particularly as changes to finance will not become clear for some months.

NATIONAL PRIORITIES FOR MENTAL HEALTH

No Health Without Mental Health: a cross government mental health outcomes strategy for people of all ages (2011) sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services:

- 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 Implementation Framework that followed in July 2012 set out actions for different organisations to improve mental health, deliver the strategy and measure progress.

REGIONAL PRIORITIES FOR MENTAL HEALTH

- **Transformation** – moving from reliance on inpatient service provision to community support systems
- **Parity of esteem** – ensuring that mental health is seen as equally as important as physical health
- **Implementation of the Care Act** and the implications for mental health commissioners and providers.

NORTHUMBERLAND'S PRIORITIES FOR MENTAL HEALTH

Northumberland's Commissioning Plan for Mental health Services 2012-15 sets out shared commissioning intentions under three main aims:

1. **Promoting independence, wellbeing and the use of ordinary every day services**
2. **Increasing personalisation, individual choice and service users' control**
3. **Improving service quality.**

The plan can be accessed at <http://tinyurl.com/mental-health>.

Why have a Market Position Statement?

The vision set out in the Care Act encourages a diverse range of care providers “including user and carer led organisations, small and micro enterprises and social enterprises”.

To achieve this the local authority must promote the efficient and effective operation of a market in services for meeting care and support needs and ensuring people have a variety of providers of good quality to choose from.

This Market Position Statement for Northumberland is one of the main ways of making this happen. It

- gives information and analysis which describes what people and services look like now
- flags the changes to the sort of care and support we think that people will want in order to increase independence, choice and control
- sets out how we plan to purchase services, to work with the market and how we will discourage poor practice
- helps businesses understand the future environment for their work and decide how to grow in future.

WHO SHOULD READ THIS MARKET POSITION STATEMENT?

- Existing providers already delivering services in Northumberland can use it to help plan any changes which might be necessary and shape their services in future.
- Other local businesses, including voluntary and community organisations, can learn about future opportunities and what would enable them to build on their knowledge of local needs to develop new activities and services.
- Social care providers and organisations not currently active in Northumberland can find opportunities to use the strengths and skills they have gained elsewhere to benefit local people and develop their business.
- People interested in local business development and social enterprise can read about new opportunities in the market and tell us what would help them to come into the social care markets and offer innovative services.
- People (and carers) who purchase services either from their own resources or using a personal budget/Direct Payment will get an overview of what is available and the different models of provision.

What do we currently know about who is accessing services?

At the end of March 2012, around 300 people with mental health problems were receiving services commissioned from the social care budget. Of these people:

- 90 were attending day care and outreach services providing a range of statutory and non-statutory opportunities in different areas of the county with a focus on vocational skills or employment opportunities.
- 19 were arranging some or all of their support themselves using a direct payment
- 49 were supported by home carers, for an average of 4.5 hours per week
- Housing-related support was being provided to 117 people
- An estimated 79 people took delivery of items of disability equipment supplied by the joint equipment store.
- 90 were living in care homes, of whom 4 were in care homes providing nursing care, and 2 were accommodated under a contractual arrangement made by the Adult Care Directorate but were paying their own fees. 14 of the 90 people were living in care homes outside Northumberland.
- 18 people had short breaks in care homes arranged by the Adult Care Directorate



What do people with Mental Health issues and their carers tell us about services?

People are generally very positive about services, the way they are treated and involved, the way services are arranged around their needs and the information they receive. Carer involvement is also thought to be good.

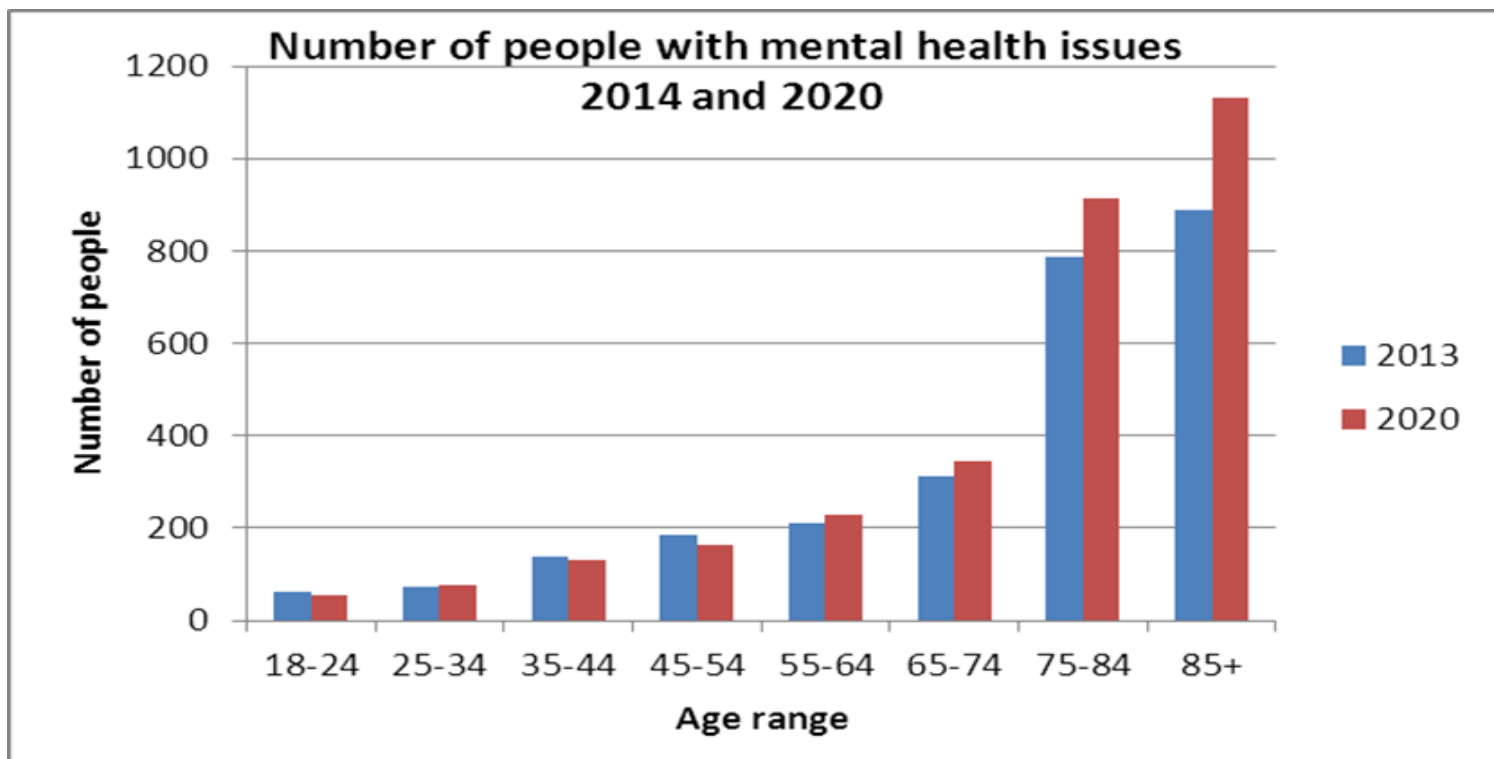
In the most recent survey of the people who use adult social care services (the Adult Social Care Survey 2013-14), 90% of people receiving mental health services were either extremely, very, or quite satisfied with the care and support services they receive.

People with mental health problems tell us:

- They want more control and say over the services that they receive; they want more choice and improved access including where services are delivered from and at what time or day or the week; they do not want to have to wait too long for a service.
- They want access to a range of different services near where they live and not always run by the NHS or the Local Authority
- They want to feel accepted and safe wherever they receive their services
- They don't really care if the staff member is a nurse or a social worker – they want the staff to be appropriately trained and skilled, be approachable and friendly, flexible, be open and direct and they want them to see the whole person and not just the mental health problem.

Demanding Times

People with Mental Health issues in Northumberland



It is possible to estimate the number of people experiencing mental health issues, using the number currently receiving services (at end of March 2014) and the latest census. The chart above shows that the overall increase for the total population aged 18 and over in Northumberland with a mental health issue is predicted to be relatively small, rising 1.6% (less than 50 people overall) in the seven years before 2020.

However, the same figures also illustrate a significant shift in the balance of that population. Whilst there are fewer people in the 35-64 age groups with mental health issues, the numbers in the older age groups increase significantly.

The largest increase is predicted in the 85+ age range.

This means that all services will need to increase their capacity to meet the needs of older people.

Age range	At 31/03/2014	2020 projected	% change
18-24	61	54	-10.9
25-34	74	75	2
35-44	137	129	-5.5
45-54	185	162	-12.2
55-64	212	228	7.7
65-74	313	346	10.5
75-84	789	916	16.1
85+	888	1131	27.4
Total population aged 18+	2659	2702	1.6

Looking into the future: how we see it in Northumberland

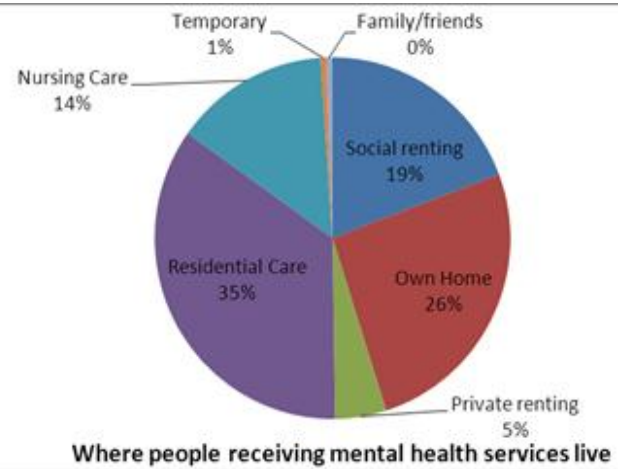
Many social, economic and environmental factors influence the health and well-being of individuals and populations, and the potential for mental illness and related conditions.

In Northumberland we expect demand for mental health services to increase (see table on previous page). Demand will overall (not uniformly) increase in size and change in type as it is influenced by:

- an ageing population, with 1 in 4 people (25.4%) being aged 65 and over by 2030
- social deprivation
- unemployment rates
- physical illness
- dementia rates
- common mental health disorders (e.g. those accessing IAPT services)
- the impact of welfare reform.

To manage this within an economy dominated by austerity, we will need to do everything we can to prevent, postpone and minimize the need for formal care and support services. This means working as individuals and as communities.

The primary purpose of the care and support of people with mental health issues should be the simple notion of promoting independence and wellbeing, putting people in control of their own care.



Where people with mental health issues live in Northumberland

The chart above illustrates where people who currently receive mental health services are living. Half live in the community, in different types of accommodation – of these the largest group live in their own home.

Around a third live in residential care, with 14% of people also requiring nursing care to support them.

Most of the people who live in Northumberland's four care homes for working age mental health are over 55.

Although there are 50 beds for people of working age with mental health issues, a number of which are not occupied.

Demand for mental health residential care home placements is reducing as people now wish to live in their own home with support wherever possible.

Kate – a case study....

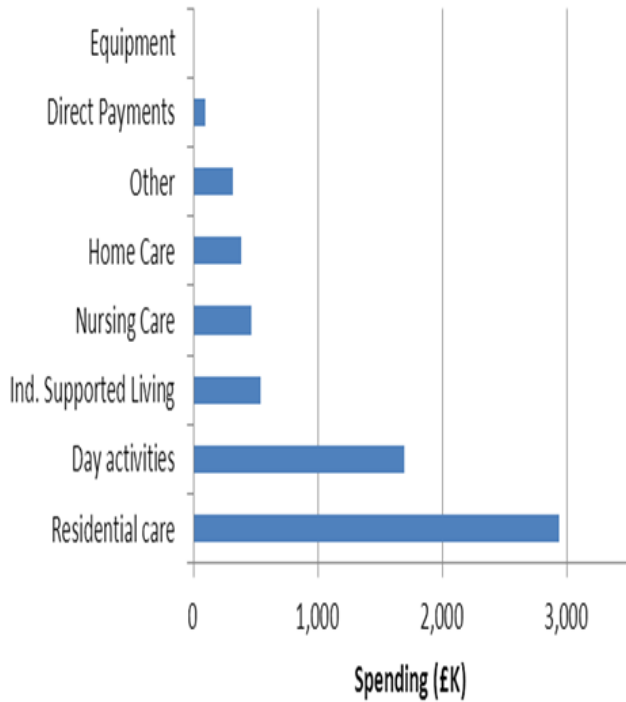
Kate is a 54 year old lady who was diagnosed with paranoid schizophrenia more than 30 years ago. She suffers from bouts of psychosis resulting in hearing voices and feeling very frightened, suspicious and worried for her own safety. Over the years, Kate has spent lots of time in and out of psychiatric hospitals and for the last 8 years she has lived in a residential care home where she has been looked after by staff. Kate had aspirations of living in her own flat with support from her family and friends but felt that she had never been given the opportunity to test this out. She was assessed as having the skills and abilities she would require in order to live in a much more independent setting. Therefore:

- She was encouraged to develop her daily living skills with care home staff support and guidance
- She was given her own weekly shopping budget and as part of a care plan she was encouraged to shop, buy food and cook her own meals
- Kate was assisted in submitting a housing application for appropriate accommodation in the area of her choice – near to her family but not in the same village
- She was assigned a Social Worker that supported her in sorting out her finances, ensuring she claimed the correct benefits and was able to manage without an Appointeeship
- Kate was placed on a programme to teach her how to self-medicate
- Leading up to discharge from the care home, Kate spent a number of overnight leaves at her new flat to test out how she would cope
- She was encouraged to decorate and dress her flat how she wanted it
- Kate was discharged with an initial home care package of 20 hours per week from a local provider.

Kate and her family were obviously a little concerned about what would happen if she relapsed. She had a very well thought through care plan that included a crisis prevention plan with contact numbers for in and out of hours support. The only crisis that Kate has faced since leaving the care home has been when her central heating system broke down. With support and encouragement from her Care Manager, Kate was able to deal with this problem herself and it was fixed very quickly. Kate's care package is now only 7 hours per week as she feels she no longer requires the intensive support staff were providing her with. Kate has been living very successfully in her own home for the past 8 months.

"I love my house....it's mine....I'm really looking forward to having my own Christmas tree this year. I wish I had moved here years ago."

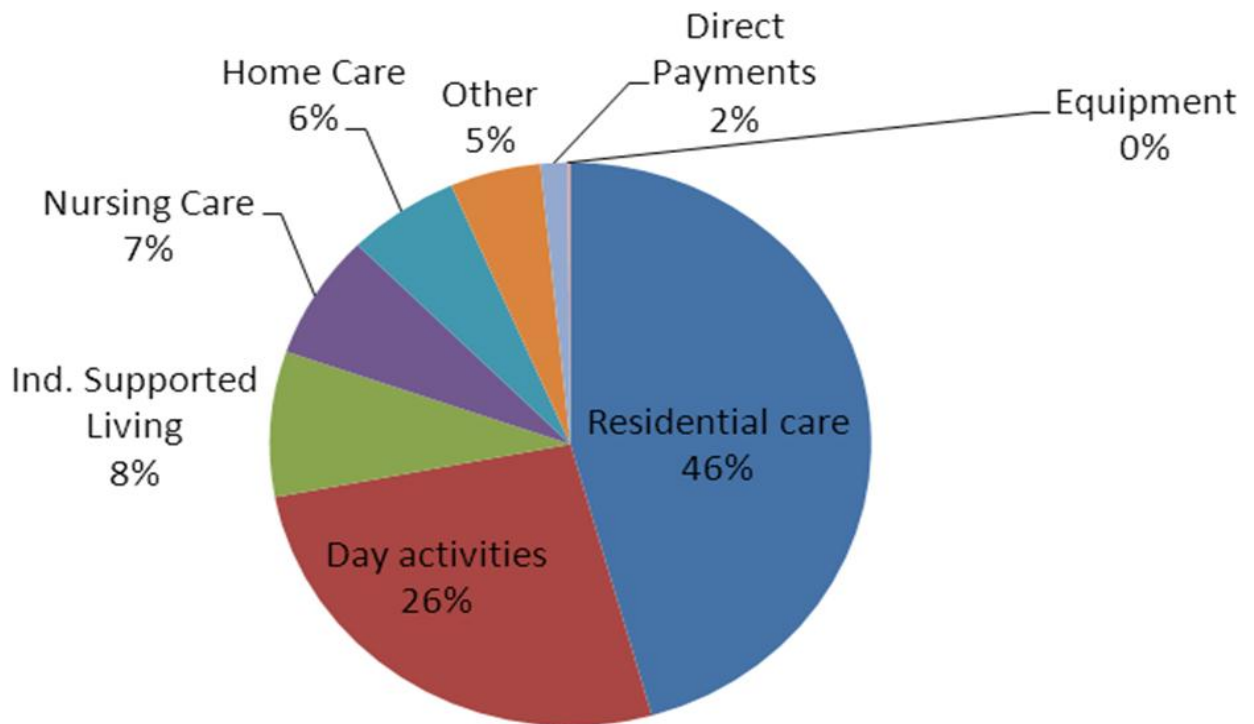
Projected spending on mental health services 2014/15



The current and future level of resourcing

The charts on this page show our expected spending on mental health services this year:

- Just less than half our spending is planned for investment in supporting people in the community.
- Of the spending on community-based services, just over a quarter goes on supporting daytime activities, 8% on independent supported living and home care is the next largest spender at 6%.
- Institutional care remains a very significant call on our budget, with residential care, at 46%, particularly important.
- As budgetary pressures increase, the largest spending services will be under pressure to deliver the most efficiency.



Projected spending on mental health services 2014/15

Services for self-funders – a key role for the market

We know there is a need for services for people who choose to arrange their own support or who do not meet our eligibility criteria for support. We are looking for imaginative collaboration between providers, service users and other stakeholders to provide for self-funders, for example:

- **Access to social and leisure opportunities alongside other citizens**
- **Personal skills training such as**
 - **transport training**
 - **daily living activities**
 - **confidence building**
 - **advocating for self**
 - **budgeting**
- **Access to employment and voluntary work**
- **Support to obtain and maintain accommodation within social housing and the private sector**
- **Support to carers and family members**
- **Training and meaningful activity.**

How will the Council help the market and support work on our priorities?

In Northumberland the market for traditional services such as residential care, home care (including supported living services) and day care is strong, of high quality and in most cases offers value for money.

However, these services are mostly based on traditional models of delivery, relying on the Council to commission these services directly on behalf of customers.

We want to build on current changes to the way services are commissioned and delivered to make sure that the customer is effectively and fully in control of their lives and the services they wish to use. Services must flex and adjust constantly as people move towards greater independence.

To support these transformational changes we wish to encourage innovation and the development of best practice in service delivery, in particular with local third sector organisations and SMEs (small and medium sized enterprises).

All funding needs to focus on the outcomes that can be achieved for the expenditure made and how it can drive down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes.

We want to promote opportunities for people with mental health issues, families, care managers and health and social care providers to come together to understand mutual needs for growth and development, recognising that services should be designed and delivered jointly by users and providers working in *collaboration*.

We are keen to offer, in conjunction with appropriate partners, infrastructure support to third sector organisations and SMEs enabling them to grow sustainable enterprises, e.g. developing a business model to support trading activity within the current regulatory framework; or working with individuals to develop micro-enterprises from an initial idea.

We are also interested in improving information about providers, to help suppliers to advertise the services they offer, and customers to access information on different types of services available to them.

Service development priorities

We want to work with providers who can flex their service provision to meet the unique needs of the individual and their family and/or carers. We want to work in partnership with organisations to provide services for people with mental health problems that hold their own personal budgets as well as people funding their own care needs. The key priorities where we are looking to make a difference are:

- People with complex mental health needs
- Services for people who present with challenges including with forensic histories
- Flexible support packages to people in their own homes - there is a core principle for all to promote independence
- Individual service design to promote independence and reduce reliance on paid support through promoting skill development and use of generic community based facilities .

Above all, we need providers in Northumberland who are innovative and forward thinking who can work with individual service users in assisting them to shape their own support plan and meet their assessed health and social care needs.

We want to work with providers who can assist individual service users ultimately to accept increased responsibility for their own recovery and rely less on traditional statutory services, whilst supporting the person to fulfil their hopes and aspirations for their future.

Service development opportunities

We want what we offer to be *individual* rather than traditional – personal as well as *expert*....

Your community, your life

- **Improved access to generic community services** in recreational, social and leisure activities within local communities – acceptance and integration regardless of disability or diagnosis, reducing the stigma of mental health
- **Meaningful daytime activities** – catering for people who choose different things to do from the mental health day centres, groups and activities traditionally on offer. As more people have their own budgets they can be used to make this possible.
- **Employment & education:** different kinds of activity to prepare people for returning to education and/or work (paid or unpaid). We want as full a menu of these opportunities as possible from practical support and preparation, volunteering, education and training and pathways to paid employment.
- **Choice in accommodation opportunities** – some people with mental health problems may choose to live independently with in-reach support from a provider. However they may also seek to live with others in smaller accommodation with shared living spaces as opposed to a residential care environment.

Your wellbeing, your choice

- **Supporting health needs:** full health means tackling isolation and taking part in the local community as well as finding practical ways of improving healthy lifestyles.
- **Managing your mental health:** understanding your treatment and medication, accessing self-help and other therapeutic groups/interventions as necessary, receiving advice, guidance and support with your mental health recovery journey.
- **Personal support** – Personal skills training e.g. transport training, activities of daily living (budget management, cooking, cleaning, shopping), improving self-confidence, self-esteem and enhancing social skills etc.

Want to find out more? - Key contact details for further discussion....

For further discussion you and your organisation can book a personal appointment to discuss how we can work with you.

Arrange an appointment through the Social Care contracts team by email on

contracts@northumberland.gov.uk

or telephone 01670 622437.