



**DRAFT STRATEGY FOR THE COMMISSIONING
OF SOCIAL CARE SERVICES FOR PEOPLE AGED 18-65 WITH A
MENTAL HEALTH PROBLEM**

2008/9 – 2012/13

EXECUTIVE SUMMARY FOR PUBLIC CONSULTATION

DRAFT – OFFICER COPY ONLY**1 INTRODUCTION**

- 1.1 This draft commissioning strategy relates to and is one of a series of four commissioning strategies covering the whole of adult social care services that the Council has produced and is simultaneously consulting on. (Services for People with a Learning Disability, Older Persons Services, Services for People with a Physical Disability or Sensory Impairment and Services for People with a Mental Health Problem)

An Overview Report has also been drafted, drawing out the common themes underpinning all of the commissioning strategies. If you would like to see how the vision presented here relating to services for people with a learning disability fits into this broader strategic picture, please contact Bernie Middlehurst Service Manager on 01582 547538 or at Bernard.Middlehurst@luton.gov.uk for a copy of the Overview Report.

Similarly, please contact Mr Middlehurst should you like to see the full Commissioning Strategy that this document summarises.

- 1.3 This draft Commissioning Strategy for Mental Health Services is an interim strategy focused on social care services only. The Council and Luton Primary Care Trust are committed to producing a Joint Commissioning Strategy within the next year which will incorporate these social care priorities but place in the wider context of developments of the whole mental health service system.
- 1.4 The over-riding emphasis throughout the strategy is on modernizing the social care support available to people with mental health problems by :
- Improving the access of people with mental health problems to the universal services available to all local citizens.
 - For people with chronic longer term mental health problems requiring intensive 24 hour support, shifting investment away from registered residential care into intensive supported living arrangements
 - Introducing a self directed care approach, including the use of individualized budgets, self assessment and the much greater use of direct payments.
 - Building on the excellent work already done by d4 and Ace Enterprises to significantly increase the number of people with mental health problems – particularly those with enduring problems – accessing employment training and securing permanent jobs.

2 IMPACT OF THIS STRATEGY

2.1 Promotion of “Community Well Being” and Social Inclusion

- 2.1.1 In common with the other social care commissioning strategies produced by the Council, the overall aim of this mental health commissioning strategy is to gradually shift the focus away from separate, specialist services (though there will remain a significant place for such services in the overall picture) towards a greater emphasis on promoting community well being through making universal services accessible to all local citizens, including those with a disability and/or mental health problems.
- 2.1.2 This fully accords with the broader national aims expressed in the National Service Framework for Mental Health, which emphasized the need to shift from a medical model of “treating” mental illness to a social inclusion and recovery model of dealing with mental health problems in the community. A prime focus in such a model is that of ensuring that people can secure early access to advice and support from within primary care and community settings, preventing in many cases the need for referral to specialist mental health services. **Local implementation of this broader aim will be more fully drawn out in the Joint Mental Health Strategy when it is drafted.**

2.2 Greater Focus on the Outcomes People Desire for Themselves

- 2.2.1 The other key principle of this commissioning strategy, reflecting the Government’s White Paper “Our Health, Our Care, Our Say” , is that individuals should be placed much more firmly at the centre of what happens to them, not passive recipients of care.
- 2.2.2 This requires a significant shift in the way that people are assessed, with a greater emphasis on identifying how the individual him or herself wants their social care needs to be met and what the outcomes of any funded intervention should be for them. It will also require development of robust methods for measuring progress in achieving these outcomes.
- 2.2.3 Similarly, it requires the development of new mechanisms for making self-directed care a reality (enhanced direct payments, introduction of self-assessment and the development of individualized budgets) and the

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commissioning of new social care providers geared up to providing flexible and creative care solutions.

- 2.2.4 Translating these principles into practice will mean, amongst other changes, shifting away from the use of residential care for people with longer term mental health problems in favour of providing flexible support in the community. This is already working successfully for many people but there is a relatively small number of people “stuck” in residential care settings who need to be offered the same opportunity through the development of more intensive forms of supported living than are currently available.

3 COMMISSIONING PROPOSALS (SOCIAL CARE)

3.1 The social care commissioning intentions are summarized as follows :

- To accelerate the shift away from the use of registered residential care for people requiring more intensive forms of 24 hour support in favour of the domiciliary care mode – **target of 50% less residential care being accessed by 2012/13 compared to now.**
- As part of this, to review all current residential care placements for individuals and to review current registered residential units to explore the scope for them being re-developed as intensive supported living schemes – **target of all individual and unit reviews to be completed by March 2009**
- To invest in a greater range of floating support schemes to enable more people to manage their own tenancies and lives outside of specialist housing schemes : **Target of a 50% shift in expenditure from residential care by 2012/13**
- To explore the likely demand for and feasibility of an Adult Placement Scheme specifically for people with chronic mental health problems requiring on-going support (or the expansion of the current Learning Disability Scheme to incorporate people with mental health problems) – **Target : review to be completed by July 2008**
- To explore the use of Shared Ownership as a way of expanding peoples’ housing options – **Target : 2 shared ownership**

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arrangements in place by March 2009, rising to a cumulative total of 10 by March 2013

- To review the role and function of the Ashanti and Roshni community support services, in the light of the Delivering Race Equality in Mental Health Guidance and recent local research- **Target : Review to be completed by March 2009 and any recommendations from this implemented by March 2010**
- To develop enhanced services for carers, either through development of a specific scheme around mental health services, or as part of a wider generic development of carers services in Luton – **Target : Decision on future shape of carers support services to be made by May 2008 and scheme fully implemented by March 2009**
- To roll out the availability of self-directed care opportunities (self assessment and individualized budgets) to people with mental health problems and as part of this, significantly expand the number of direct payment arrangements in place - **Target : 10 people to be in receipt of an individualized budget by March 2009 and number of people in receipt of a direct payment to have increased from 3 to 20 by March 2009**
- To review the current arrangements for specialist advocacy for people with mental health problems, to ensure that independent advocacy is easily accessed by all who need it. – **Target : Review to be completed by September 2008 and recommendations implemented from April 2009**
- To link the day opportunity needs of people with mental health problems into the wider modernisation of day services in Luton, based on promotion of community well being. – **Target : Day Services Modernisation Plan to be fully in place by April 2008.**
- To review the support available for people to move into or back into paid employment – in particular people with chronic mental health problems currently reliant on institutionalized services or care. **Target : Review of opportunities to be completed by September 2008 and implemented from April 2009**

DRAFT – OFFICER COPY ONLY**4 : Resource Assumptions and Implications**

- 4.1 The resources currently available to fund social care services for people with mental health problems can be summarized as follows :

	£,000
External Commissioning of Residential and Nursing Care :	800
External Commissioning of Domiciliary Care	15
Direct Payments	15
Service Level Agreements with Voluntary Sector	212
Assessment and Care Management (within BLPT)	1,270
Ashanti and Roshni Services (within BLPT)	242
Supporting People Funding of Mental Health Schemes	<u>450</u>
Total	£3,004,000

- 4.2 The Council's Medium Term Financial Plan currently includes indicative above inflation growth of £50K per year. However, these indicative growth figures are subject to close scrutiny each year in the light of the Council's overall financial position.
- 4.3 It is therefore assumed that the service developments called for in this strategy will have to be achieved by shifting current investments. In particular, the aim will be to reduce the amount spent on residential care services by £40,000 each year of the strategy by moving people on to supported living arrangements. This will not only achieve one of the core aims of the strategy but should also free up a modest level of resources, given the lower cost of supported living.
- 4.4 More generally, the opening up of universal community services will factor a significant amount of extra resource "in kind" into this arena and should help free up the use of existing specialist resources to invest where they are most needed.

----- **End of Executive Summary** -----

Please send your comments on this strategy to : Bernie Middlehurst, Service Manager, Clemitson House, 14 Upper George Street, Luton LU1 2RP or by e-mail to Bernard.Middlehurst@luton.gov.uk

Closing date for consultation feedback : 30th September 2008