1. Purpose of Report

1.1 The purpose of this report is to provide Cabinet with the draft Adult Social Care (ASC) Mental Health Commissioning and Delivery Plan 2015-2018 attached as Appendix 1.

2. Connection to Corporate Improvement Objectives/Other Corporate Priorities

2.1 This report links to the following improvement priorities in the Corporate Plan:-

- Working together to help vulnerable people to stay independent;
- Working together to make best use of our resources.
- The Remodeling Adult Social Care Programme;

3. Background

3.1 In 2010, the Council published its Adult Social Care (ASC) Commissioning Plan: “Living Independently in Bridgend in the 21st Century” (2010-20), which set out how we would achieve our vision for ASC:-

“To promote independence, wellbeing and choice that will support individuals in achieving their full potential in healthier and vibrant communities”.

3.2 The ASC Commissioning Plan sets out how this will be achieved through the delivery of a new model of assistance and support. This model requires a change in traditional commissioning practices to a person-centered approach that promotes independence and positive outcomes for individuals and ensures value for money.

3.3 The ASC Remodeling Programme is well underway with a detailed schedule of work being taken forward to achieve our new model of assistance and support. As part of this Programme, the Reshaping Mental Health Project Board has been established with the strategic aim of working with key stakeholders to review and remodel current mental health services. The overall aim of the Project Board is to create a sustainable mental health service that focuses on the prevention of mental illness and recovery for those who become unwell.
3.4 Collaborative and integrated approaches to planning, commissioning and delivery of Mental Health services are key elements to successfully taking forward our intentions and commitments. Our commitment to partnership working can be seen through our involvement with the Bridgend Local Services Board and our continuing work as a member of the Western Bay Health and Social Care Collaborative, which is a partnership between the City & County of Swansea, Bridgend County Borough Council, Neath Port Talbot County Borough Council and Abertawe Bro Morgannwg University Health Board (ABMU).

3.5 There are many national, regional and local strategic factors that impact on the delivery of Mental Health services.

- **National Objectives**
  - Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales and Delivery Plan; 2012 16;
  - Mental Health (Wales) Measure 2010;
  - Social Services and Wellbeing (Wales) Act 2014;
  - Carers Strategy (Wales) Measure 2010;

- **Regional and Local Objectives**
  - Western Bay Health and Social Care Programme: Moving Forward Together, Joint Commitments for Mental Health;
  - Abertawe Bro Morgannwg Carers Partnership Carers Information and Consultation Strategy 2013-16;
  - The Local Services Board (LSB) Single Integrated Partnership Plan: Bridgend County Together April 2013 – March 2018;
  - BCBC Corporate Plan: Working Together to Improve Lives (2013-2017);
  - BCBC Adult Social Care Commissioning Plan: Living Independently in Bridgend in the 21st Century (2010-20);
  - BCBC Supporting People Local Commissioning Plan 2013/14.

**Key Drivers**

3.6 Some of the key drivers are:

3.6.1 Demographics and Demand - In Wales, 1 in 4 adults will experience some kind of mental health problem or illness within their lifetime and 2 in 100 people will have a severe mental illness such as schizophrenia or bipolar disorder. The Welsh Health Survey (2012) states that in Bridgend, 13% of adult respondents report as being treated for a mental health illness, population projections indicate that Bridgend will see an increase of people with a mental health problem over the next 15 years.

3.6.2 Changes in need – There is an increase in the number of people with a mental illness who also have other health and/or wellbeing issues. It is important to work in partnership with Health and other Agencies to develop services that can meet these needs and develop integrated pathways to ensure that service users receive a holistic response.

3.6.3 Carers – Local Authorities are keen to find ways of offering and providing support and assistance to help carers and families care for their loved ones. The Social Services and Well-Being (Wales) Act 2014 places carers on an equal footing to
those they care for by ensuring they have access to assessments and appropriate services. In addition, the Carers Strategy (Wales) Measure 2010 also places new legal duties on the NHS and Local Authorities to work together in consultation with carers to publish and implement a joint carers Information and Consultation Strategy.

3.6.4 Person-centred planning - There is a need to look at innovative ways of service improvement and to review the balance between what is directly provided by the Authority and what is provided by external partners. We need to develop the way services are delivered to ensure value for money and make them person-centred and focused on delivering independence, rehabilitation and recovery approaches.

4. Current situation/Proposal

4.1 Over the past 12 months, officers have been working towards the development of a Mental Health Commissioning and Delivery Plan in order to help identify and formulate strategic commissioning objectives for mental health services.

4.2 The development of this draft Commissioning and Delivery Plan has involved undertaking an analysis of:-

- Current service provision and arrangements;
- Local demographics;
- Resources and resource allocation;
- Current needs and demands;
- Projected changes in need;
- National regional and local legislation and guidance;
- Local and regional influences and demands.

This plan has been developed in consultation with key strategic stakeholders and reflects their experiences and views.

Vision for Mental Health Services:

4.3 The purpose of the Mental Health Commissioning and Delivery Plan is to:-

- Understand the needs of those who require mental health services from the Council and the needs of carers and families that require support;
- Identify challenges and pressures facing the Council, both now and in the future, in order to ensure that the services we provide meets, and continue to meets, the changing needs of the population through effective planning and commissioning;
- Review our current position, so that we can identify further opportunities for change;
- Confirm the Council’s strategic commissioning priorities for mental health services;
- Describe the outcomes that will be achieved for those who require mental health services and their carers;
- Establish a holistic vision for addressing assessed needs of those who require mental health services and their carers in line with Council strategies, partnership and collaborative agreements, national and legislative frameworks, guidance, targets and social care policy commitments;
- Ensure that our strategic objectives take account of stakeholders’ experiences and that service users and carers influence and shape these objectives;
• Prioritise the delivery of our strategic objectives, which have been arrived at through stakeholder consultation, through the delivery of priority actions by the Reshaping Mental Health Programme Board within the next 3 years.

4.4 This vision is based on the establishment of a new model of assistance and support, which contains 5 elements:

1. **Enabling Approaches** that allow people to make better-informed decisions about the type of support they require;

2. **Preventative Approaches** that focus on early identification of changes to a person's needs that constitute a risk to their continued independence and ability to manage their own needs;

3. **Specialist Preventative Approaches** that provides alternative options of support for those who are at high risk of requiring long term support and/or face unnecessary prolonged support in settings that reduce independence;

4. **Integrated Living** that enables people with complex needs and have become socially isolated to access some form of flexible social care housing related support, and in some circumstances, to access integrated community based housing schemes where there is access to higher levels of social care support;

5. **Interventionist Approaches** for people who require more specialist inputs and whose needs cannot be met without intensive packages of support.

**Strategic Objectives**

4.5 The overall objective is to progress our vision for mental health services. To achieve this, a number of high level objectives have been identified in consultation with our stakeholders. These objectives are set out into 6 overarching themes:

• **Care Coordination**, including:
  o Continuing to build our assessment and review process to ensure that care plans are person centered, outcome focused and supports the recovery approach and progression pathway;
  o Establishing a positive approach to risk taking and building on current risk management approaches to promote, retain and regain independence;

• **Range of Care Models**, including:
  o Having a wider choice of accommodation and housing related support models;
  o Provision of robust care pathways for those in crisis and a range of support models to ensure that those in crisis receive appropriate and timely responses.

• **Independent Living**, including:
  o Promoting the development of local support networks in the community and preventing social isolation by maximising opportunities for local services to offer natural support networks;
  o Further developing ways to enable carers to continue in their caring role by providing appropriate information, advice and services.
Collaboration, including:–
  o Responding to national and regional objectives and progressing the Collaboration agenda;
  o Working with colleagues within the Council to identify effective and sustainable community based lower level support and preventative services;

Commissioning and Planning, including:–
  o Implementing clear mechanisms for improving the information flow from practice to commissioning so that practice knowledge informs commissioning activity;
  o Strengthening engagement approaches so that service users and carers are involved in the planning, development and implantation of the services they require.

Equalities, including ensuring that:–
  o People are not discriminated against or stigmatised because of their mental ill health;
  o Welsh speakers are able to receive services that meet their linguistic preferences.

Priority Actions, Outcomes and Delivery

4.6 In order to ensure the successful delivery of our vision, the objectives have been prioritised over the next 3 years. The priority actions, the outcomes they will deliver and identified leads for taking forward these actions have been set out in a table within the Commissioning and Delivery Plan (Appendix 1).

Consultation

4.7 To ensure our direction of travel delivers the outcomes that matter to those who require services, the Commissioning and Delivery Plan was developed in consultation with key stakeholders and partners, including service users, Carers, third sector organisations, service providers and practitioners. These stakeholders helped to identify our high level objectives and agree our rational for prioritising these objectives. Stakeholders also contributed to the development of our priority actions and our overall direction of travel.

Consultation included:–

  • Presentations and workshops with Social Workers and CPNs;
  • Workshops, presentations and individual meetings with strategic partners and commissioners, including colleagues from ABMU HB and Supporting People;
  • The establishment of a Mental Health accommodation working group to map current services. Membership of this group included colleagues from ABMU HB and Supporting People, Service Users, Social Workers, the Third Sector and Providers;
  • Coffee mornings for carers and service users;
  • Visiting services to talk to service users and care staff;
  • A Third Sector presentation and workshop;
  • A provider presentation and workshop;
• Attending service user and carer forums;
• A Mental Health update was presented to the Health and Wellbeing Overview and Scrutiny Committee.

5. Effect upon Policy Framework and Procedure Rules

5.1 There are no implications for the Policy Framework and Procedure Rules.

6. Equality Impact Assessment

6.1 An EIA Screening has been undertaken. The finding of this screening was that the risk of the Commissioning and Delivery Plan leading to discrimination or adverse effects for those with protected characteristics was low. This is because the purpose of the Plan is to ensure that we continue to deliver high-quality, sustainable and response services that meet the individual needs of those that require a service and their Carers.

6.2 Individual Equality Impact Assessments will be undertaken on individual projects as part of the implementation of the Commissioning and Delivery Plan.

7. Financial Implications

7.1 The financial impact of taking forward the priority actions will be assessed individually through the development of work streams as set out in the Commissioning and Delivery Plan. Development and implementation of the actions will need to be achieved in the light of the current financial challenges and the need to achieve the Medium Term Financial Strategy in a climate of increasing demands being placed on the services provided.

8. Recommendation

8.1 It is recommended that Cabinet:

• Note the consultation process undertaken with stakeholders in the development of the draft Commissioning and Delivery Plan as set out in paragraph 4.7;
• Approve the draft Commissioning and Delivery Plan attached as Appendix 1;
• Approve the high level objectives and priority actions for change as set out within the report;
• Give approval for the Reshaping Mental Health Project Board to take forward the priority action plan set out within the draft Commissioning and Delivery Plan.

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November 2014

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10 Background documents

Equality Impact Assessment