

Essex Mental Health Accommodation

Provider Engagement Event

April 2021



Essex County Council



Welcome

Purpose of the Session

| Time | Session |
|--------------|--|
| 13.30 | Welcome & introductions (incl Housekeeping) – Anita Awuku, Commissioning Manager |
| 13.45 | Presentation, task setting – Anita Awuku, Helen Gilbert, Jane Coskry |
| 14.05 | Session 1 – commissioning proposal (breakout groups) |
| 14.30 | Feedback to the main group |
| 14.50 | Comfort break |
| 15.00 | Session 2 – Move on (breakout groups) |
| 15.25 | Feedback to the main group |
| 15.45 | Public Health community services - presentation |
| 16.00 | Session 3 – community assets |
| 16.20 | Feedback to group, noted on whiteboard |
| 16.30 | Wind-up, summary of outcomes and next steps |

Development of a new Mental Health Pathway

- That we continue to address the barriers to economic and social inclusion for vulnerable adults and their Carers.
- Drive out inefficiency and get maximum VfM by reviewing our activity and commissioning strategies to get the best deal for vulnerable local citizens
- Develop collaboration and integrated programme with NHS partners to promote joint working



Strategic Approach is based on 4 pillars

- Prevention
- Early Intervention and Recovery
- Enablement
- Safeguarding

Ambition - Mental Health Transformation Board (Jan 2020)

The ambition is to leverage on Essex resilient communities, network and services that foster good mental health for all via a system-wide collaboration.

A commitment to commissioning high quality and innovative outcomes that are designed by people with lived experience to promote recovery and reduce inequalities to enable the individual to reach their full potential



We need to achieve:

- Commissioning for outcomes which focus on the social determinants of mental ill health
- Earlier intervention and prevention – not waiting until a crisis occurs
- All-age approach and whole family
- Support individuals to build resilience and support their wellbeing
- Co Production
- Recovery (eg move away from responses which create dependency)
- Increase economic potential of individuals
- Whole system collaboration



Outcomes:

- ❑ Outcomes are informed by key stakeholder feedback who tell us what they would like support to focus on are things like;
 - ❑ having decent places to live (i.e. their own front door)
 - ❑ meaningful, purposeful things to do (which could be employment, training or volunteering)
 - ❑ social networks, peer support, good relationships and a sense of belonging within their communities” – so these would form the basis of outcomes.

‘Young people, adults and families live as independently as possible in accommodation that is suitable for their needs’

Essex Joint Health and Wellbeing Strategy (2018 – 2022)

- ❑ Partnership work that creates a support system that enables the individual to achieve health and wellbeing.
- ❑ Build on existing local assets to forge connectedness to promote quality of life for the individual
- ❑ Early intervention and prevention for long term sustainability of the local health and care system.
- ❑ A broader focus on health and the social determinants of health



References

Essex Joint Health and Wellbeing Strategy 2018 -2022

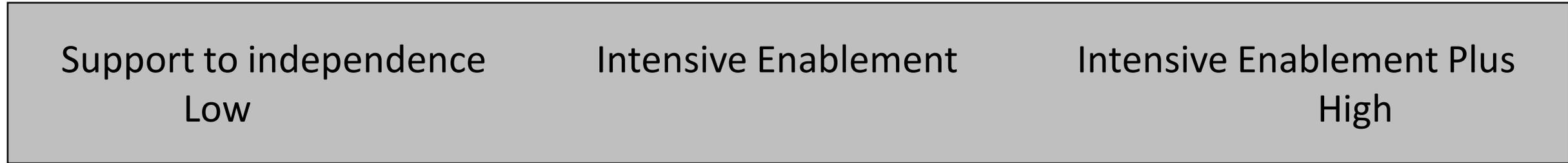
<https://www.livingwellessex.org/media/621973/jhws-2018-cabinet-aug-2018.pdf>

Essex County Council Adult Social Care Business Plan Priorities for 2019 -21

Mental Health Transformation Board (January 2020)

Pan-Essex Mental Health Task Force (with responsibility for reviewing every pathway)

Overview of MH Supported Accommodation in Essex



Complexity of Need



STOI & IE are commissioned services

IE Plus are spot purchased

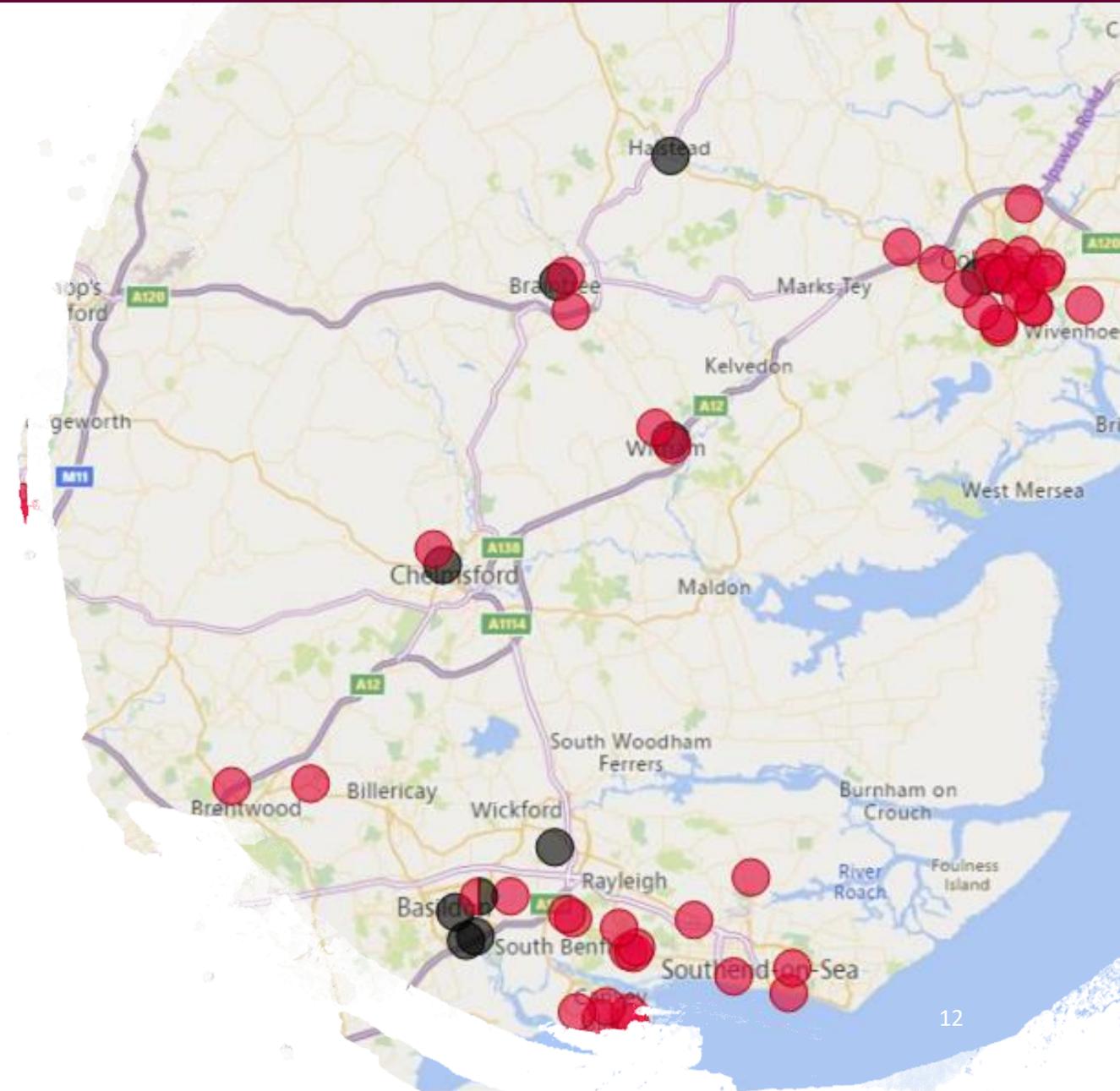
MH Accommodation Locations & Volumes in Essex

Volumes (category plan)

Intensive Enablement plus (spot purchased) 52

Intensive Enablement 104

Supported to Independence 201



Synopsis of Performance (snapshot) within the last 2 years

- Reduction in numbers of units for lowest level provision by just over 10% over the last 2 years
- Throughput (April 2018 – Sept 2020):
 - 47 people living in IE plus and only 10 of those moved in since 1st April 2018
 - 51 service users moved into IE and 31 left. 20 more SU's moved in than left.
 - S to I 102 moved in and 97 left.
- Length of Stay
 - Most service users currently living in Intensive Enablement have lived there for under 2 years
 - Intensive Enablement Plus shows low numbers of people moving in or leaving and data in this area is limited. However, 38 out of the 47 current service users show as having had stays over two years.
- Increasing requirement for 24hr provision (approx. 1 per week) – over reliance still on spot provision
- 12 people unable to be placed in IE plus and IE (1year up to Nov 2020) – requiring residential placement
- Within the period Nov 18 – Nov 2020 there were 83 planned moves ,5 Evictions, 7 relapses – people returning to hospital, 3 Arrests, 3 Abandoned properties

Stakeholder Engagement



Fragmented systems and processes that build in delays to throughput



Inconsistent links with and use of community assets to build resilience and independence



Revolving Door and high unplanned moves including hospital readmissions



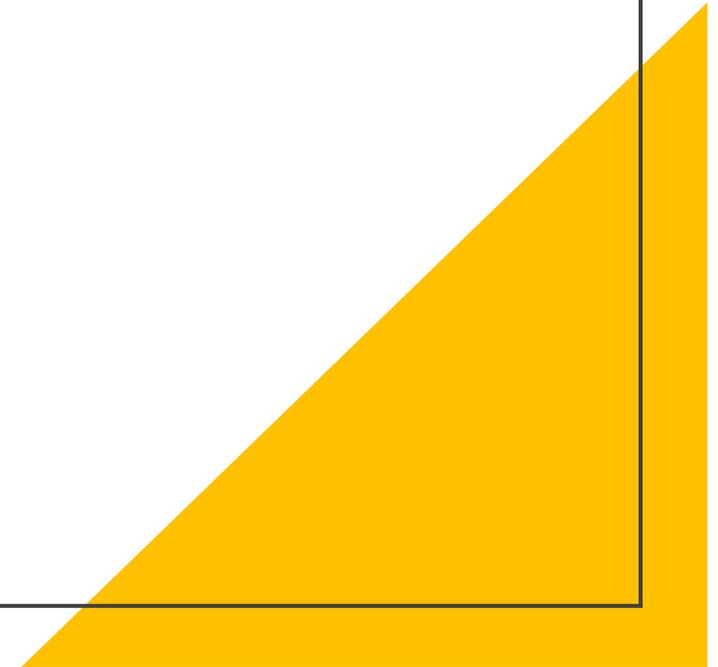
Current provision lack engagement & compliance skills for complex needs support & treatment. (incl Medicine Management)



Lack of capability to meet emerging needs –dual diagnosis & complex needs

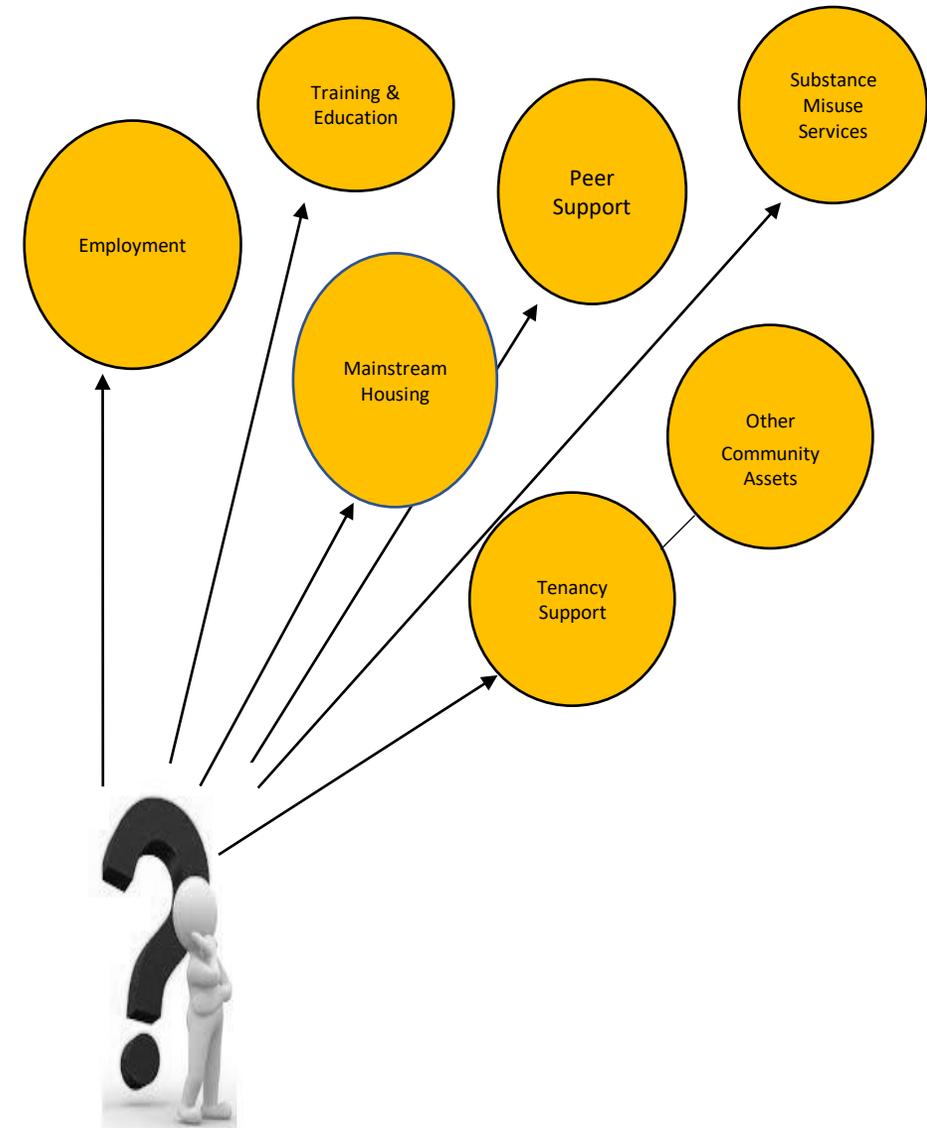


Services are silted due to limited Move On options and the support needed in the community to facilitate it



Commissioning Intentions

- A flexible model that supports the individual holistically through the Mental Health Accommodation Pathway
- Services that are built on connectedness to community assets so that a wide range of opportunities are accessible
- Divert admissions, re-admissions and inappropriate residential placements via more flexible support model inc. discharge to assess.
- Support closer working with community D&A services and create flexible accommodation settings to support emerging, complex needs
- Exploit accessible opportunities available to people recovering, e.g. employment & education
- Focus on the development of diverse, independent housing, and on closer working with private sector, ensuring on-going needs can be met in the community



Proposed Model: Overview

Tier 1

Tier 1 –
Complex Needs
& a Stepdown

Tier 2 – High
Needs

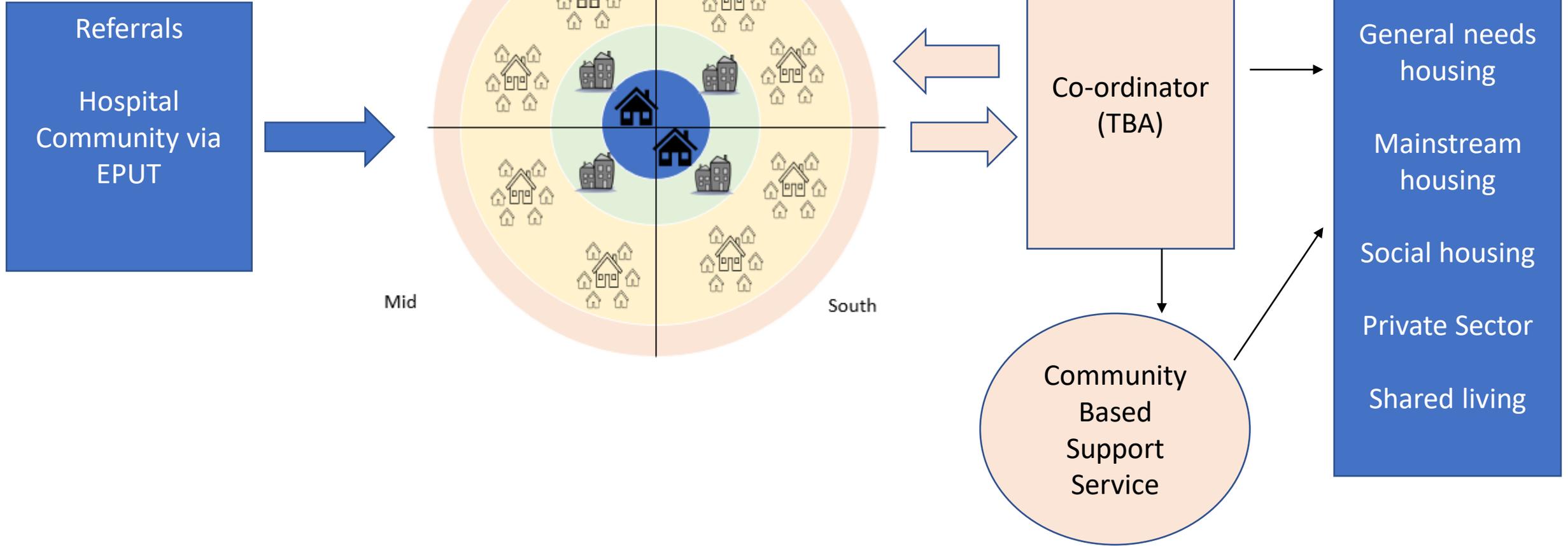
Tier 3 –
Medium to Low

Tier 3

Whole System

Supported Living

Community & Move on





Questions?

Group Discussion

1. Proposal for tiered level service – cluster model with progressive step down to move-on.

- Pros and cons of the proposed model
- Would this work better with a single provider for each quadrant or other arrangement?
- How well can providers deliver flexible accommodation and services?
- What would providers' workforces (skills) need to adapt to this new model?
- Hospital discharges – D2A and standard DToC what does 'good' look like?



Complex – Description of Service

Brief Description of Service

- Multi-agency working with treatment agencies activities, employment training, work & volunteering support
- Recovery based model within a Psychologically Informed Environment (PIE) and abstinence-based scheme
- The MDT Staff will be working proactively with and linking individuals to for example Forensic Community Team, Community Mental Health Teams, social workers and other community provision relevant to their needs
- 24/7 support and supervision in order to maintain independence
- CQC registered



High – Description of Service

Brief Description of Service

10-12 hrs core

Night Awake

On site office

Self-contained with communal area

Employment

Substance
Misuse
services



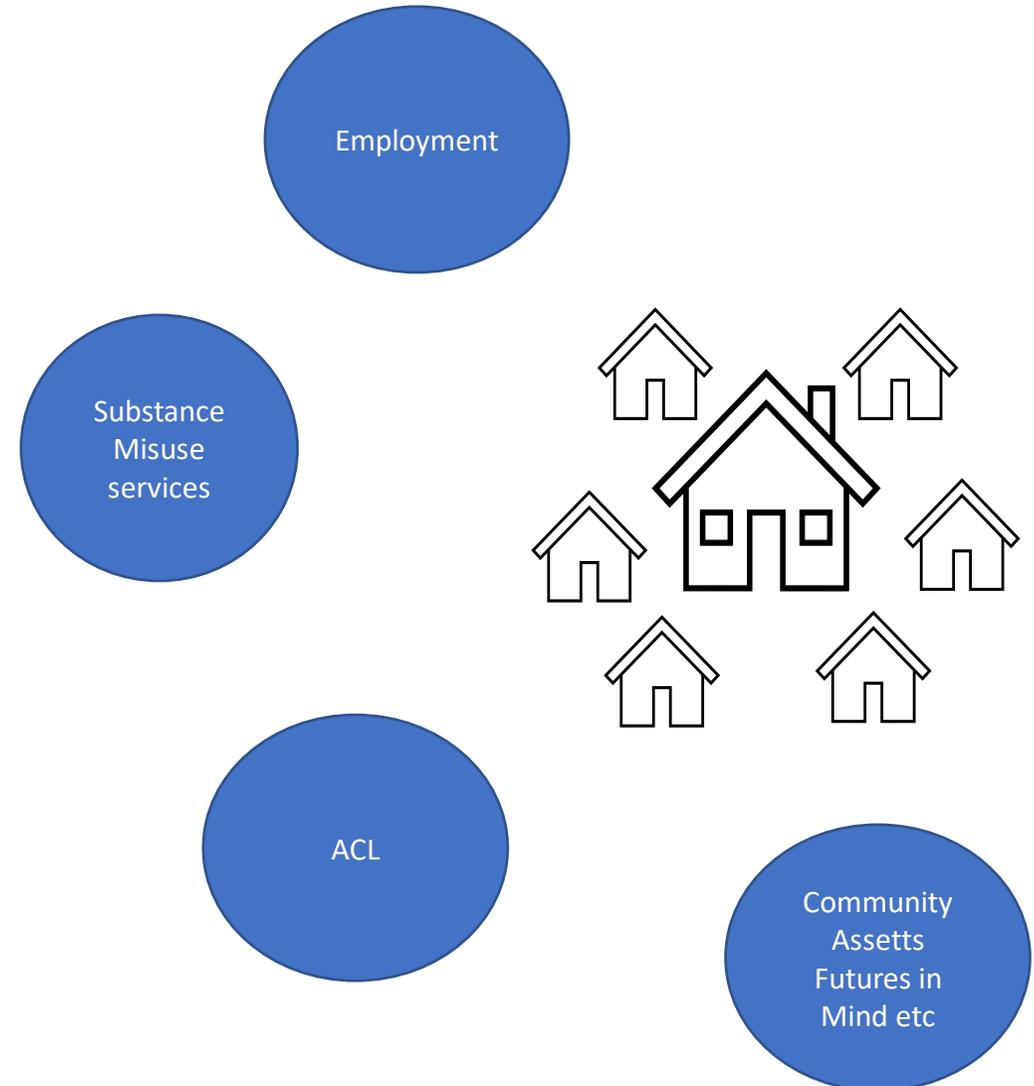
ACL

Community
Assets
Futures in
Mind etc

Level 3 Medium/Low– Description of Service

Brief Description of Service

- Flexible configuration of accommodation
- Mix of shared and self-contained
- Increase in number of smaller properties
- Clustering of accommodation to support step down
- Sleep-in
- Concierge & Assistive Technology
- On-call
- Onsite Office/Extended Office Hours e.g. 10am- 7pm (Medium)
- No onsite office (low)



Group Discussion

- **2. Sustainable Move on**
- How do we overcome the challenges of limited move-on options? How do we ensure move-on is sustainable?
- Any examples of good practice/solutions?
- What's needed to better engage private landlords to be able to access private accommodation options?



Group Discussion

3. Community assets

- Most commonly used services – what are current working arrangements with providers?
- How can these key partner services be involved from the point of referral, particularly D&A services?
- What's needed to ensure that drug and alcohol and other support services are engaged at the point of discharge into the accommodation?



Next Steps:

- Slides will be sent out and available on the Care Provider Information Hub [Care Provider Information Hub - Current and Future Procurement Opportunities \(livingwellessex.org\)](https://www.livingwellessex.org/Care-Provider-Information-Hub-Current-and-Future-Procurement-Opportunities)
- 2nd workshop will be scheduled to focus on the tender process
- Any further questions, suggestions can be forwarded to email below
- Housing standards are being developed and will be in contact with providers

Contact: jane.coskry@essex.gov.uk

