



Mental Health Recovery & Wellbeing Commissioning Prospectus 2015

DRAFT



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FOREWORD

Welcome to the mental health commissioning prospectus published jointly by the NHS Tower Hamlets Clinical Commissioning Group (CCG) and London Borough of Tower Hamlets.

This prospectus sets out our commitment to invest in services provided by the voluntary and community sector to improve mental health recovery and wellbeing outcomes in Tower Hamlets.

We recognise the contribution and dynamism of the voluntary sector and the prospectus sets out an ambitious programme bringing together investment from the local NHS and Council.

The prospectus approach sets out planned changes to the way existing services are organised along with fresh and exciting opportunities for innovation.

The process for determining priorities and consulting with local stakeholders has been on-going for several months and we would like to thank everyone who has participated in discussions about the future.

We look forward to entering into a new phase of collaborative partnership with the voluntary sector and local communities in Tower Hamlets.

A: OVERVIEW

A1: Introduction

This is the first year we have published a commissioning prospectus in Tower Hamlets. This sets out an ambitious programme which aims to transform voluntary sector provision of mental health day opportunities in the Borough.

It brings together funding available from LBTH and TH NHS CCG and includes investment available for voluntary sector provision of a coordinated Borough wide 'mental health recovery & wellbeing service' made up of the following components:

- Local organisation and infrastructure
- Peer Support & Service User Involvement
- Access, Advice & Short Term Support
- Community Engagement & BME Inclusion
- Longer Term Planning & Support (1:1)
- Group Support Programme (multi-venue)
- Work & Wellbeing Hub/Vocational training
- Support into Paid Employment
- Recovery College
- Mental Wellbeing and Loneliness (Public Health)

A.2: Local Context

Tower Hamlets has amongst the highest prevalence of mental health problems in the country. We have the fourth highest proportion of people with depression in London, the highest incidence of first episode psychosis according to first hand epidemiological studies (Coid et al, 2011), and the highest incidence of psychosis in east London according to GP registers.

In total there are approximately 30,000 adults estimated to have symptoms of a common mental health problem in the borough, with around 15,900 people known to their GP to have depression, and 3,300 known to have a serious mental illness, with a prevalence of c. 1200 people with dementia.

The impact of mental health problems on individuals, families and communities can be profound. For example:

- Mental illness has the same effect on life-expectancy as smoking, and more than obesity. People with a serious mental illness die on average 20 years earlier than the general population
- Mental illness has a profound impact on health, relationship, housing, educational and employment outcomes. In a recent study, the London School of Economics found that mental health accounts for more felt suffering than physical health problems, or income deprivation
- Amongst people in work, mental illness accounts for nearly half of all absenteeism. And amongst people out of work, almost half are on incapacity benefit on account of a mental health problem.

The need for a whole system approach for tackling these challenges is highlighted throughout the Tower Hamlets Health and Well Being Board (THHWBB) **Mental Health Strategy (2014)**.

The wider ambition is to build resilience in the population by supporting mental health and wellbeing for all and supporting people to live well with a mental health problem.

Vision

“Our vision is to deliver substantially improved outcomes for people with mental health problems in Tower Hamlets through integrated mental health services that are safe and effective, with friendly staff that inspire confidence in the people and families using them, and which help people to take control of their own lives and recovery”

The voluntary and community sector have a vital role to play in turning this vision into reality. Recovery oriented approaches to mental health care and support emphasises the fundamental importance of participation in mainstream community activities, social networks, work and employment.¹

Traditionally, this type of support has been the remit of day services with an emphasis in the past on providing a structured day in a safe and supportive environment.

Although local voluntary sector services have extended well beyond the confines of traditional day services, there has been a long standing ambition to move from a patchwork of services to a fully coordinated system of voluntary sector provision.

The proposed approach supports commitment to strengthen the community and voluntary sector and the services they provide. The Council's *Voluntary & Community Sector Strategy* (published Jan 2014) aligns closely with the mental health strategy by prioritising co-production with the local voluntary sector.

A.3: Purpose of this Document

This prospectus sets out the way we are seeking to work with partners to **support the recovery & wellbeing of adults of working age** with mental health problems. The context for this is the commissioning of new services to help people build and maintain social connections, develop new skills, access mainstream community activities, retain and gain employment.

The prospectus provides guidance and information in advance for the formal procurement stage of the commissioning process as indicated below.

¹ Repper & Perkins (2003) Social Inclusion and Recovery



In addition to complementing the competitive tendering process, the publication of the prospectus also seeks to inform a wider stakeholder group including service users, carers and professionals. The contents of this document have resulted from a collaborative process with the local community which started back in 2013.

Finally, we hope the aspirations outlined here will act to stimulate and challenge organisations to translate innovative ideas into compelling bids and exciting proposals. Bidders will have the opportunity to demonstrate

how they intend to make a positive impact which results in better outcomes for local people affected by mental health problems.

A.4: The Commissioning Approach

The Council and the CCG currently hold 17 contracts with voluntary sector organisations to provide a range of community based support services and activities. Services currently provided include traditional day service provision, employment support, benefits and money advice, group activities and one to one recovery focused support, befriending, and out of hours support.

Existing mental health day opportunities services are well regarded by the people that use them, but historically, there has not been a coordinated strategy that has informed the development of these services.

This approach has led to positive outcomes for some individuals and groups, however greater coordination and a joined up service infrastructure is sought to offer a wider range of support for more people enabled by more effective use of resources.

Currently, a diverse range of organisations and services are in place with an estimated 1000 service users each year. Feedback from consultation has consistently indicated that more ambitious outcomes could be achieved if the expertise and creativity of the voluntary sector is enabled effectively.

While this document provides guidance and certain requirements for new services, the commissioning process will not be overly prescriptive with emphasis on better outcomes and a new service delivery model.

The emphasis is on an 'outcomes based' commissioning approach which aims to ensure we are focussing on the tangible outcomes that matter most to people. This means, clearly understanding the impact of service led

interventions and the difference made in terms of improving the lives of individuals.

A focus on outcomes also relates to efficiency, value for money and making best use of limited resources by ensuring from the outset that agreed service outputs are linked to measureable outcomes. This will ensure better understanding of what is working well and what needs to change when outcomes are not being achieved as anticipated.

The remainder of this document offers guidance for prospective future providers. We aim to encourage fresh thinking and implement change in the following (non-exhaustive) broad areas:

- a) Flagship Service and Programmes - The design of a comprehensive programme of outcome focussed activities, opportunities, events across a diverse range of venues
- b) Organisation - lead provider, network, consortium or partnership arrangements
- c) Delegated Budget Control to Voluntary Sector - A lead provider will determine budget allocation/breakdown for different service components including any sub contractual arrangements proposed and selection of providers.
- d) Service Design - the design of pathways, customer journeys and configuration of service elements and partners involved
- e) Co-production - new proposals informed by local expertise of people with lived experience, professionals and carers.

A.5: Principles for Service Redesign

There are a number of key principles which apply across all strands of the recovery & wellbeing service model:

Promote Recovery: Support people to maintain and/or rebuild fulfilling lives, build resilience and live well with a mental health problem.

Improve Access: Ensure people can access information and support easily with an approach that tackles the stigma and anxiety which may prevent people from seeking support at an earlier stage.

Solution-Focussed: In addition to longer term opportunities, people should be able to access practical solutions to problems which impact on mental health and recovery including short term support packages including access to specialist advice and case work.

Focus on Community Participation: Support people to access existing opportunities in the local community as part of a planned support programme which reduces reliance on mental health segregated activities.

Reduce Social Isolation: People with opportunities to extend their social networks and to facilitate access to peer support and opportunities to build relationships outside of the mental health system. This relates to marginalised groups and individuals who face additional barriers including current active BME support groups.

Opportunities for people with lived experience to provide support to each other and run their own services: Increase opportunities for peer support and user led activities enabled by an on-going programme of support and recognition for people working (both informally and formally) in peer support and involvement roles.

Maximise Choice & Self-Determination: Enable people to influence decision making in relation to new service developments, and to be in control of planning their own personalised support packages.

Meet the Needs of Diverse Groups: Address the diverse needs of different groups with Tower Hamlets communities, being mindful of the need to further develop the network of support currently available for people in relation to gender, ethnicity, religion, disability.

Ensure that services are accessible to people more seriously disabled by a mental health problem: Meet the needs of people who may require a relatively high level of support on an on-going basis.

Involvement for service users and carers: Facilitate use of expertise of those with personal experience of using the mental health system in designing and developing services, including those who may not be engaged with existing day opportunities and community based support.

Improve Cross-Sector Working: Ensure collaborative and robust partnerships are built into service design. This not only includes within the voluntary sector but with local NHS Primary and Secondary Care services in addition to range of community providers outside the mental health system. This may include:

- Idea Stores/Libraries
- Faith Groups
- Employers and employment organisations
- Colleges
- Arts, digital and creative
- Sport and leisure

A.6: What we mean by 'Recovery'

Experience in Tower Hamlets suggests that there is a significant commitment and progress in terms of adopting recovery values. We are also clear that putting this commitment into practice to deliver tangible improvements and individual outcomes is complex and challenging.

The starting point is to develop a consistent approach shared by partners which is valued and positively embraced by service users and carers/supporters.

Although recovery can mean different things to different people, we understand recovery in mental health to be about helping people live meaningful and satisfying lives - as defined by themselves. This means understanding how people make sense of what has happened to them and what is important to them in the future.

Principles of Recovery

Hope – Maintaining a belief that it is still possible to pursue one's chosen life goals: these are unique and 'hope' is therefore always personal. Relationships are central to - hope.

Control – The importance of achieving some sense of control over one's life and one's symptoms – meaning and choice

Opportunity – The need to build a life 'beyond illness'. Being a part of the community ('social inclusion') having access to the same opportunities that exist for every other citizen, e.g. housing, employment, addressing stigma

B: THE SERVICE MODEL

B1: Overall Requirements

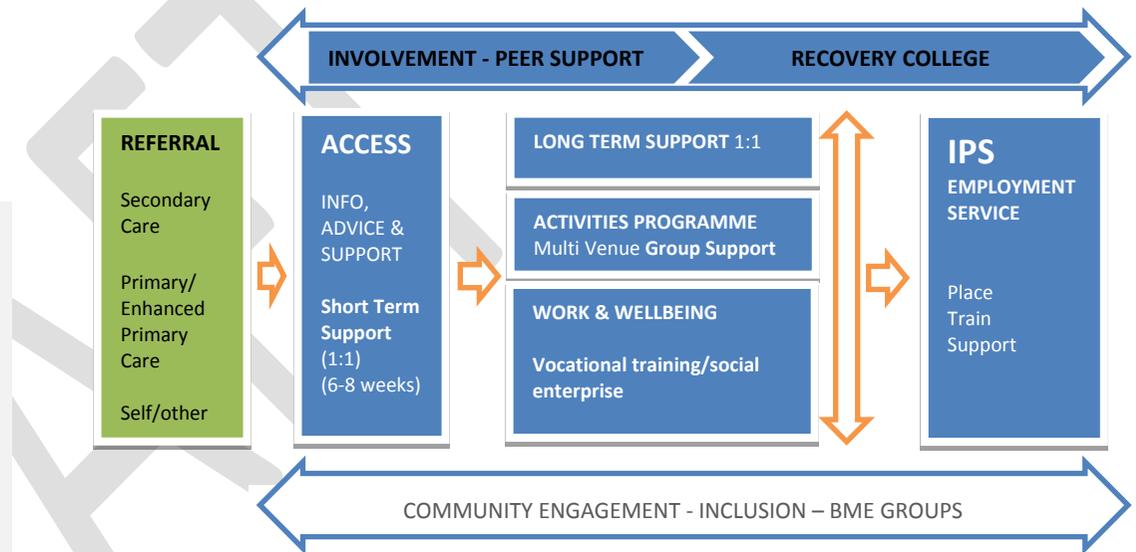
The intention is to commission a comprehensive range of 'recovery & wellbeing' oriented service provision for adults of working age. This will effectively provide a seamless Borough-wide system of voluntary sector support with the following elements incorporated into future provision:

We invite prospective providers to consider the following challenges and the need for new ways of working:

- ✓ Clear single access point providing a reassuring 'gateway' into a range of community based opportunities for new social connection, learning, vocational skills, personal development, education and employment
- ✓ Clear and consistent non-stigmatising public facing brand name which captures the principles and values throughout the delivery model.
- ✓ More robust closer working at GP Practice level, Primary Care mental Health Service and Secondary Care teams resulting in clear referral pathways into voluntary sector provision and joint working protocols.
- ✓ A structured programme of week to week support must be provided for those with longer term complex needs while ensuring that people with the same needs are not routinely grouped together and inadvertently segregated/excluded from community participation.
- ✓ In addition we want to see an engaging offer for those who may be new to mental health services or who do not identify with the concept of 'day services' but would benefit from additional support.
- ✓ Furthermore, there is a need for voluntary sector support that provides early interventions before people lose their social and work connections.
- ✓ There is a real challenge to develop new services and systems of support that tackle stigma, and encourage participation which is integrated into everyday community opportunities and does not rely solely on traditional mental health venues.

Table 1 illustrates the different service elements anticipated to deliver a seamless service with the key functions of the whole system outlined.

Service Model Outline



Key Functions of Service Model

- a) Provide access to recovery oriented support, specialist advice and opportunities for social contact and community participation
- b) Support people to retain existing social roles, relationships and maintain participation in current social/leisure/work activities
- c) Support people to access new roles, relationships and mainstream social/leisure/work opportunities as part of personal recovery
- d) Provide support and opportunities for service user involvement, supporting others with shared experience and running their own groups/activities.

B2: Core Service Elements

There are currently an estimated 1000 services users engaged with day opportunities services during the course of a year. We anticipate some of these services will change significantly in order to deliver the future model and desired outcomes.

From the outset, it is crucial to ensure those presently receiving services are able to continue accessing services according to their preferences and needs along with adequate support through any transition period. The core service elements are intended to ensure current service users will be able to access the support they need with an increased range of opportunities available for existing and future users.

The purpose of the next section is to set out the service framework as defined by a number of delivery strands.

B3. Infrastructure/Organisation

Aims: Provide a robust partnership, network or consortium to deliver a seamless service across the Borough with consistent quality standards and shared understanding of the recovery approach to be embedded throughout provision.

Service Outcomes

3.1: Implement a clear and accessible system of voluntary sector support towards recovery resulting in excellent user experience and feedback, increased awareness in the community about the benefits of recovery and wellbeing services.

3.2: Improve the coordination of voluntary sector services across the system resulting in increased throughput and reliable outcome measures to evaluate impact, future demand and capacity.

3.3: Embed recovery principles throughout all aspects of delivery which creates a positive, vibrant and empowering culture which provides opportunities for users to share and receive success stories.

3.4: A lead provider is single contract holder responsible for coordinating members of the partnership/consortium/network

B4. Peer Support & Involvement

Aim: Provide support and opportunities for service user involvement, supporting others with shared experience and running their own groups/activities.

Service Outcomes

4.1: Increase levels of involvement of service users in the design, delivery, management, review and development of services.

4.2: Increase numbers of people with mental health problems involved in delivering services and/or activities

4.3: Increase number of people in user group leader/involvement roles achieve personal goals and aspirations

4.4: Increase levels of peer support is available in community settings

4.5: Increase the number of experts by experience who complete training and receive on-going support

B5. Access, Advice & (Short Term) Support

Aims: To provide a seamless service providing initial assessment, signposting, short term solution focussed support and specialist advice with on-going access to longer term support if required.

Service Outcomes

5.1: Service users/professionals have day to day access to signposting/information service which provides a bridge into voluntary services and mainstream opportunities to support recovery and wellbeing.

5.2: Professionals, service users and carers know how and where to get local expertise, information and guidance in relation to support available in the community to improve wellbeing and support personal recovery goals.

5.3: Triage and access to short term support packages (6-8 weeks) with improved outcomes in relation to problem solving, self-management and confidence building to enable effective use of resources available within existing and new networks.

5.4: Triage and support to access mental health specialist advice in relation to welfare benefits, housing, debt which positively impacts wider determinants of mental health.

5.5: A seamless pathway into longer term community based support ensures that recovery oriented services are accessible for people more severely disabled who may need a higher level of support for longer periods of time.

5.6: Data collection ensures client journeys are tracked and outcomes are measured to provide evidence of effective interventions, service improvements required and monitoring user outcomes.

B6. High Level Support (Longer Term)

Aims: To provide a team of skilled community links/recovery support workers to manage a caseload of clients with longer term needs facilitating recovery/support planning, goal setting, review and support to access resources and activities in the community.

Service Outcomes

4.1: A link worker system with Borough wide coverage provides a long term (up to 2 years) recovery focussed support to meet the needs of people with more severe and enduring problems on an on-going basis.

4.2: To enable the support service to be provided effectively workers will build connections with a number of mainstream providers to support clients into a range of opportunities for community participation which reduces dependency on the mental health 'Group Activities Programme'.

4.3: A consistent recovery promoting competency based approach will ensure high quality service user experience across the Borough with improved outcomes relating to tackling stigma, improved self-esteem, sense of purpose and increased capacity to make positive choices in line with personal goals.

B7: Group Activities Programme

Aims: To provide a comprehensive programme of outcome focussed activities, opportunities, events across a diverse range of venues and settings in the Borough

Service Outcomes

7.1: People will have access to an increased range of opportunities to gain support in a group activities environment which support a diverse range of abilities, aspirations, interests and needs.

7.2: People will have access to support including facilitated social engagement and peer support opportunities during evenings and weekends according to demand for out of hours access to support.

7.3: Regular review will identify success of the activities included in the programme resulting in a refreshed rolling programme throughout the year.

7.4: Culturally specific peer support groups and activities ensure BME specific needs are supported which is reflective of active BME mental groups already running.

7.5: Categories – relating to recovery domains and functions (see outcomes framework)

Further Guidance

This service element relates to group support activities directly provided using staff members and/or peer and external facilitators to provide structured programmes of activity which are planned according to aims, objectives and outcomes specified.

The group activities programme should be fully reflective of the diversity of Tower Hamlets local communities, with a focus of specialist and generic all inclusive activities.

Although, the group activities programme will be a significant part of the overall recovery & wellbeing service, the overall aim should be to offer supportive pathways into more mainstream opportunities.

Equal importance should be placed on the ways in which group support and 1:1 interventions will enable increased independence and facilitate access to and/or progression into mainstream community participation.

This is fundamental to the success of the whole service model which must deliver a range of genuine and beneficial opportunities for people to (re)build their life in ways which do not revolve around mental health specific venues, activities and services.

B8. BME Inclusion & Community Engagement

Aims: To provide access to opportunities which promote recovery, wellbeing and community participation for people from BME backgrounds who are less likely to engage with support services; at risk of exclusion and deterioration in mental and physical health.

Service Outcomes

8.1: Culturally specific support for mental health recovery is tailored within context of beliefs, faith, language, skills, talents and personal aspirations.

8.2 An evidence based approach tailored to local communities is implemented to tackle social isolation and associated risks which supports an increased number of people accessing peer support networks, activities and participation in community life.

8.2: A comprehensive programme of improved support will include provision for South Asian Women and Men; African Caribbean; Somali; Chinese & Vietnamese communities.²

8.3: A planned programme of support which increases awareness/reduces stigma of mental health issues by enabling access to peer and professional support groups/networks which enable people to reach their potential and fulfil their desired roles and responsibilities within the communities in which they live.

8.4: An increased number of individuals are supported to develop skills, use their talents and build confidence through 'community facing' activities, events and enterprises which support recovery based principles and community participation.

B9: Work & Wellbeing Hub - Vocational Training

Aims: To provide a 'work & wellbeing hub' to offer specialist mental health recovery focussed support to develop skills, confidence and knowledge to support steps towards paid employment or a new career/vocation via access to a range of work based training opportunities.

Service Outcomes:

9.1: Access to support and advice to enable individuals to have a choice of vocational opportunities in line with aspirations and goals.

9.2: A number of social enterprise projects provide varied opportunities for people to access vocational training, experience and support for between

6-12 months with on-going progression into further employment and/or training.

9.3: Current social enterprise schemes including print & design training; sewing/production of fabric goods will continue to support people with increased numbers of people progressing through the schemes according to personal goals.

9.4: Increased numbers of people with mental health problems will access a range of work based opportunities available in the community which may include enterprising ventures related to food, café, sports and leisure, horticulture.

B10. Employment Team

Aims

Support Into Employment: Provide an Individual Placement & Support IPS (high fidelity) supported employment service in Tower Hamlets to increase the number of people with severe mental health problems who gain competitive employment from 60 to 120 per year.

Job Retention: Support people with mental health problems in employment to retain jobs by supporting employers and employees.

Service Outcomes

10.1: A clear pathway into employment enabled through an offer intensive and individually tailored support to people with ongoing mental health conditions who want to work.

10.2: Increase the number of people accessing competitive paid employment training and support on the job through a 'place then train' approach.

² This is based on current knowledge in relation to marginalised groups presently accessing day opportunities provision. While future services need to provide for support for those groups already supported, it should be recognised that other groups with existing and/or emerging needs in Tower Hamlets may need to be considered within development of the new service model.

10.3: Employment specialists are embedded within community mental health teams.

10.4: Employment specialists develop relationships with local employers based upon a person's work preferences

10.5: Provides ongoing time unlimited, individualised support for the person and their employer

10.6: Benefits Advice is provided throughout the service to support transition into paid employment.

B11. Recovery College

Aims: Provide an education based approach to recovery through delivery of a recovery college in Tower Hamlets running a curriculum over three terms per year, offering 20 courses for 600 students.

Service Outcomes

11.1: A local partnership approach delivers a planned programme of education and training covering a range of mental health related topics which provides education as a route to recovery.

11.2: Courses are co-produced and co-delivered by people with lived experience of mental health issues alongside those who work within relevant roles and professions.

11.3: Course will range in length from short half day sessions to longer 8 week programmes.

11.4: A new prospectus will be published each term outlining the courses available and how to join.

B12. Mental Wellbeing (Public Health)

C. BUDGET

Recovery & Wellbeing Service Model (c £1.5 mil)*	
Service Element	Indicative Investment (guidance only)
Service Infrastructure	To be determined dependent on lead provider/sub-contracting arrangements
Peer Support & Involvement	£100k
Access, Advice & (Short Term) Support	£300k
High Level 1:1 Support (Longer Term) + Group Activities Programme	£400k
BME Inclusion/Community Engagement	£150k
Work & Wellbeing Hub	£350k
Employment Team	£200k – actual budget/spend will be specified for this service element

*Recovery College – additional £150k per year with separate contract.

D. EXPRESSIONS OF INTEREST

The commissioning prospectus is offered pre-procurement to provide all stakeholders relevant information relating to the overall commissioning strategy and required model.

A formal procurement process managed by London Borough of Tower Hamlets will commence in X with a tender advert inviting expressions of interest by completion of a pre-qualification questionnaire (PQQ).

Bidders which meet requirements through the PQQ stage will be selected for the Invitation to Tender (ITT) stage during X.

We are seeking a partnership/consortium model of delivery with a lead provider as the main contract holder with sub-contract arrangements in place with a number of organisations.

It is anticipated this will provide opportunities for larger and smaller organisations to work collaboratively to improve outcomes for local people.

E. FURTHER INFORMATION