

Manchester City Council  
Mental Health and Wellbeing  
Commissioning Intentions  
2013-15

August 2013

## **1. Strategic Context**

- 1.1 The work regarding the integrated commissioning of health, social care and mental wellbeing covers a broad agenda which supports Manchester's Community Strategy and the Council's priorities of promoting economic growth and reducing dependency. Supporting people to become more independent and achieve their potential will both reduce the costs of dependency and encourage citizens to access employment and skills training. In June 2013, CCGs produced, in partnership with MCC, a draft Joint Commissioning Intentions document which set out the intentions in relation to Primary and Secondary Mental Health Care. These are currently being discussed as part of a wider stakeholder engagement programme.
- 1.2 This report sets out Manchester City Council's (MCC) complementary commissioning intentions for mental health and wellbeing across the life course of its citizens. The approach reflects the understanding that the mental health and wellbeing of all individuals of all ages has a fundamental impact on their chances in life. However, it should also be noted that there is the intention to bring together both sets of commissioning priorities to ensure that the focus is on prevention and early intervention as well as services for people with enduring mental ill health.
- 1.3 The intentions have been developed in light of a number of significant changes taking place within the Mental Health sector in Manchester which are changing both the landscape and commissioner expectations as to how services will be commissioned in the future:
- The establishment of Clinical Commissioning Groups (CCGs) from April 2013 which has given GPs overall responsibility for commissioning health related mental health services.
  - The recently agreed strategic outline case for the Living Longer, Living Better programme which tasks the City Council and key partners to accelerate progress on better integration of services for Manchester residents.
  - The disestablishment of the mental health pooled fund arrangements in March 2013 has led to the Council now having a direct commissioning relationship with Manchester Mental Health and Social Care Trust (MH&SCT).
  - From April 2013 Public Health funding and responsibilities were transferred to the City Council.
  - The Council's public service reform programme, including key principles of reform such as investing in evidence based interventions, as well as the linkages to existing priority themes such as the Troubled Families programme
  - An independent review of the mental health sector was commissioned, in late 2012, by the CCGs and MCC to ascertain how well services in Manchester worked. Based on those findings, a number of

recommendations have been made and these have been reflected where relevant within these intentions alongside other reviews.

- A restructure of commissioning arrangements within the Council, completed in July 2013, has merged children's and adults commissioning into a single directorate.
- 1.4 The transfer of public health and the merging of children's and adults Commissioning structures allows the City Council to fully reassess it's mental health requirements and provision from early years and throughout life.
  - 1.5 These services have a pivotal role in supporting individuals who are receiving health services in moving them into employment, and therefore independence, and, wherever possible, achieving their maximum potential as citizens within communities. In addition they serve an important role in supporting individuals to be, and remain, active and contributing citizens by giving opportunities for people to improve their health and wellbeing, offering education and building the resilience of the population.
  - 1.6 As the Council develops an all age approach, mental health services for children and young people are being reviewed to ensure that the services provided mean that more children and young people will have the positive start in life needed to experience good mental and wellbeing over the life course. This approach reflects the overall aim for citizens of starting well, developing well, working well, living well and ageing well.
  - 1.7 These commissioning intentions have been informed through customer feedback during the development of the recovery service specification, the review of supported accommodation and the evaluation of training programmes. However, there will be further engagement on these draft proposals with citizens and carers within the city.

## **2. In-Scope Services**

- 2.1 While focusing on the services directly commissioned by Manchester City Council, consideration is given to all elements of the mental health landscape, particularly where there are opportunities to improve health and social care outcomes around service pathways.
- 2.2 Draft joint commissioning intentions are in place with Manchester's CCGs and it is our intention to maintain a contractual alignment in relation to our statutory assessment and care management functions. This will enable us to maintain the current integrated state while refreshing service specifications.
- 2.3 The following services are included within the commissioning intentions:
  - Statutory Assessments and Care Management
  - Mental Health Social Care Homes
  - Mental Health Home Care
  - Mental Health Supported Accommodation
  - Mental Health Voluntary and Community Services (VCS) for all age groups

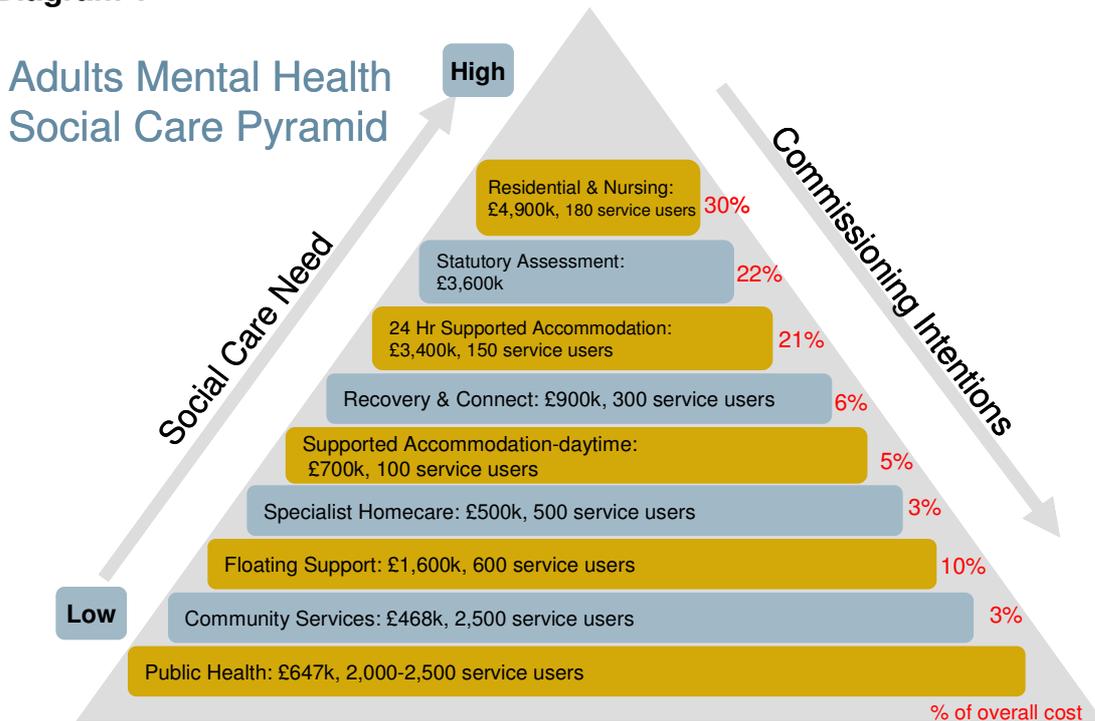
- Lifestyle and public health services which support mental ill health.
- Mental health services that support residents move into sustained employment

### 3. Current Provision

3.1 With regard to the adult population Manchester City Council currently commissions a range of services to meet the spectrum of mental health needs.

3.2 Current investment within mental health services is directed at the highest level of need. Diagram 1: illustrates and summarises the high level of investment against need and shows that of approximately 7,000 people accessing mental health services the 5% in the top level of need had 66% of the total investment. It is the intention of the Council to redirect funding, where possible, from high need accommodation based services to lower level preventative community based services. This can be achieved by supporting those at the highest level to achieve recovery from mental illness while preventing, with evidence based interventions, children, young people and others from entering more crisis based services.

**Diagram 1**



Public mental health is a critical element of the City Council's overall mental health strategy and can support the primary prevention of mental health problems and the development of a recovery focussed agenda. Elements from public health include training in mental health issues for frontline staff, training for residents in managing their mental health and improving the physical health of people with mental health problems as part of a recovery strategy.

## 4. Demographic Trends

### 4.1 Mental wellbeing

There has been much research and discussion about the nature of mental wellbeing in recent years including:

- the relationship to mental ill health
- how we might measure it
- the financial burden of mental ill health and low levels of wellbeing
- effective interventions to promote mental wellbeing

The scale and impact of low levels of mental wellbeing can be summarised as follows;

- Manchester has a sizable population with low levels of measured subjective mental wellbeing. As well as being associated with higher levels of mental ill health, this is also associated with poorer physical health, higher unemployment and lower levels of education. Whilst individual social and economic circumstances may determine levels of mental wellbeing, the converse is also true; that low levels of mental wellbeing are a barrier to improvements in health and economic status for individuals and communities.
- The 2009 North West Mental Wellbeing Survey is a powerful source of data due to the large sample size (18,500) and the use of face to face interviews. This shows that mental wellbeing is low for 16.8% of the NW population as compared to 23.7% of the Manchester population.
- Low mental wellbeing is not the same as mental ill health, yet the survey showed that people with low mental wellbeing are more than three times as likely to be anxious or depressed than those with higher levels of mental wellbeing. In Manchester 76.1% of the sample said they were not anxious or depressed, i.e. nearly a quarter thought they were.

The recent mental health strategy 'No health without mental health'<sup>1</sup> identifies a number of groups who may be at higher risk of poor mental wellbeing or experience barriers in accessing support, including:

- people from diverse black and minority ethnic communities
- people with a learning disability
- women
- men in relation to higher suicide risk
- the lesbian, gay and transgendered population
- People with long term health conditions and disabilities<sup>2</sup>
- Those who have suffered abuse and/or domestic violence

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<sup>1</sup> No health without mental health: a cross government outcomes strategy for people of all ages. DH. 2012

<sup>2</sup> Long-term health gains: Investing in emotional and psychological wellbeing for patients with long-term conditions and medically unexplained symptoms. NHS confederation. 2012

- Offenders
- Homeless people
- People with drug and alcohol problems

The reduction of stigma and inequalities in access to support and treatment are seen as key objectives in the strategy.

## 4.2 Mental ill health

- 4.2.1 The North West and in particular Manchester, has a higher than average rate of mental illness amongst its population. The National Psychiatric Morbidity Survey is regarded as the most authoritative evidence on the prevalence of mental ill-health in private households. In this survey people were asked about their experience of symptoms the week before the interview. 16.4 % of adults nationally reported symptoms significant enough to be classified as experiencing a neurotic disorder. The rate for the North West Region is highest in England at 20.3%.
- 4.2.2 The estimated prevalence of neurotic disorders in Manchester for the population aged 16-74 is 71,798. This figure is only an estimate and it is possible that individuals may have more than one disorder. This represents a significant level of need that affects a significant proportion of the overall population.
- 4.2.3 From mental health surveys it is possible to identify the characteristics associated with the prevalence of common mental health problems. They are more common in:
- Bereaved, separated or divorced people.
  - Those with lower educational attainment and from Social Class 5 (V).
  - People who are unemployed i.e. economically inactive.
  - Tenants of local authority or Registered Providers living in urban areas and who have moved home frequently.
- 4.2.4 At the higher end of need there are approximately 2,100 people living in Manchester with a psychotic disorder, based on the National Psychiatric Morbidity Survey. However this may be an underestimate because of the sampling difficulties experienced by the National Survey.
- 4.2.5 A recent review of the epidemiology of severe mental illness<sup>3</sup> concludes that between 4.8 and 11.3 people per 1,000 population will have schizophrenia. This suggests that there will be between 1,700 and 4,000 people with these symptoms living in Manchester, although because of the socio-economic profile of the city it is more likely to be towards the upper end of this range.

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<sup>3</sup> Lewis, G., Thomas, H., Cannon, M. Jones, P. (2001). The application of epidemiology to mental disorders. In Thornicroft, G. & Szumckler, G. (eds). Textbook of Community Psychiatry. Oxford University Press.

- 4.2.6 It is also possible to estimate the incidence (i.e. the number of new cases which will arise in a population in a year). This is useful in establishing need in relation to early intervention services<sup>4</sup>. Extrapolating average incidences from epidemiology studies there will be between 40 and 87 new cases each year, consistent with the findings from the study of first onset psychosis in Manchester<sup>5</sup> which identified 90 new cases a year, 12 of which came through children's' mental health services.
- 4.2.7 The demographic trends of increasing need are consistent with increased demand on services. There has been an increase of new people paid for through Individual Budgets equating to a 71% increase. There is still a clear trend of increased demand particularly in higher risk and more complex cases. Table 2 summarise the total new cases in 2011-12 and 2012-13 that have been awarded an individual budget.

Mental Health IB Panel Demographics Summary - New Cases 2011-12 and 2012-13			
	New Cases	New Cases	
	2011-12 Total	2012-13 Total	
Residential	23	79	
Nursing Residential	12	20	
Home Care	63	109	
Day Care	10	7	
Supported Accommodation	25	27	
Korsakoff	17	6	
Preserved Rights - Nursing	1	0	
Preserved Rights - Residential	2	0	
Adult Placement	0	1	
Cash Individual Budget	2	17	
<b>Total</b>	<b>155</b>	<b>266</b>	

4.2.8 The current economic climate is predicted to have a continued effect on people's health and wellbeing. There are 60,815 out of work benefit claimants in Manchester of working age (May 2011), of which over half or 32,305 are claiming Incapacity Benefit (IB) or Employment Support Allowance (ESA), the two main sickness related out of work benefits (Nov 2012). In terms of IB/ESA/Severe Disablement Allowance (SDA) claims, those classified as having mental and behavioural disorders as the primary health condition total 16,340. 50.5% of all IB/ESA/SDA claims in Manchester are therefore primarily for a mental disorder, however, anecdotal and clinical evidence is that physical

<sup>4</sup>Jablensky, A., Sartorius, N. & Emberg, G. (1992). Schizophrenia: manifestations, incidence and course in different cultures. *Psychological Medicine* 20: 1-97

<sup>5</sup> Drake, R., Tarrier, N. & Lewis, S. (2005). First episode psychosis in Manchester. Divisions of Psychiatry and Clinical Psychology, University of Manchester.

ill health and unemployment are linked to mental ill health, with unemployed people twice as likely to have depression as those in work.

- 4.2.9 A phased programme of reassessment of claimants of Incapacity Benefit and assessment of health for any new applicants of Employment Support Allowance have been delivered on behalf of the Department of Work and Pensions (DWP) by means of a Work Capability Assessment since October 2008. Reassessment of all IB claimants is due to be completed by March 2014. There have been well publicised concerns that the Work Capability Assessment does not take into account fluctuating (mental) health conditions and that there is an absence of specialist mental health knowledge within the assessment process. Whilst large numbers of people assessed as capable of work have successfully appealed against the assessment decision, anecdotal evidence is that there are large numbers of residents with mental health conditions who have moved onto Jobseekers' Allowance or are within the Work Related Activity Group (WRAG) of ESA who are therefore expected to actively seek work or undertake pre-work activity, either with support from Jobcentre Plus or from the Work Programme. The Work Programme, which is DWP's support service for longer-term out of work benefit claimants and for those who are perceived to have more barriers to work e.g. ex-IB claimants, has been in place for two years now. To date, no ex-IB claimants or ESA WRAG claimants have moved into sustained employment through the Work Programme in Manchester. There are therefore concerns that the Work Programme is not supporting people with mental health conditions into work.

## **5. Evidence Base**

- 5.1 A literature review of evidence about mental health interventions was recently carried out by the Council. This has highlighted the close links between a person's circumstances and their mental health, someone's physical health, housing, employment status, lifestyle choices and social networks will all have a factor in an individual's wellbeing. The extent that these circumstances will affect a person's mental health will depend on their resilience. Effective and sustainable services will not only be services that help to eradicate the issues that affect someone's mental wellbeing but also to give people the skills and resilience to maintain a level of good mental health despite their circumstances.
- 5.2 This more sustainable service delivery model is evidenced within the paper to be an effective way to assist people with mental ill health. Cognitive Behaviour Therapy and self help give people the tools to manage their mental health and break unhealthy patterns of thought and behaviour. The recovery model moves away from people being seen as passive receivers of services from professionals, to them being actively involved in their own recovery journey, enabled with the support of services.
- 5.3 Peer support is a key component of the recovery model and takes this further offering opportunities for service users to take an active role in helping others as well as themselves. In 2011 Repper and Carter examined the

effectiveness of peer support workers<sup>6</sup> (PSWs) and found that the evidence suggested that PSWs can lead to a reduction in hospital admissions. However the real benefits of PSWs were in:

- Reducing social isolation and increasing social networks
- Improve resilience and self-management
- Increase empowerment, self-esteem and confidence
- Promote empathy and acceptance, and reduced stigma
- Instil a sense of hope

5.4 Social prescribing was also highlighted as a key component to improving social care outcomes for people with poor mental health. Social prescribing is a means to link people with poor mental health to sources of support and beneficial activity in the community as an alternative or complement to clinical treatments. Options will include voluntary organisation provision, community groups and activities, opportunities for improving health, creative and cultural activities, learning, volunteering and so on. There is evidence that such opportunities may;

- Strengthen psychosocial, life and coping skills for individuals
- Increase social support as a buffer against adverse life events
- Increase access to resources and services which protect mental health

5.5 A key area of prevention amongst the wider population is to build emotional resilience in communities. Emotional resilience broadly refers to the ability of individuals to cope with and recover from adversity. Examples of interventions that develop improved resilience include

- Increasing emotional literacy and resilience in children and young people (this is currently being developed in Manchester schools, so consistency in approach and language between this and other interventions is important)
- Making useful mental health information and self help techniques widely available (there are a number of courses using an educational approach available in Manchester, each with useful evidence of effectiveness, e.g. Boost, Living Life to the Full, Mindfulness, Recovery Education, Be Well Age Well).

5.6 Further to this, work and employment remain the primary means through which people connect with their communities and build their lives. Feeling you have made a contribution, as well as needing help, is central to building a positive sense of self esteem and this is at the heart of recovery.

5.7 The interrelationship between health and work is vital to the economic and social wellbeing of a local economy, particularly in cities such as Manchester.

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<sup>6</sup> Repper J and Carter, T (2011). 'A Review of the literature on peer support in mental health services.' *Journal of Mental Health*, Vol 20 (4): pp. 392 - 411

Being out of work or in some instances never having been in work, puts individuals at increased risk of (mental) ill health. Supporting individuals back into work and assisting them to remain in work where they have long term health issues not only boosts the local economy but improves the life chances and health outcomes for individuals and their families.

- 5.8 The evidence shows that most people with severe mental illness want to work as research has consistently shown that between 60% and 90% of people who suffer from periods of mental ill health would like to work<sup>7</sup> and that diagnosis or severity of illness are not predictors of employability<sup>8</sup>.
- 5.9 In a review of the evidence on whether work is good for health and well-being Waddell and Burton found a strong evidence base showing that work is generally good for physical and mental health and well-being. They also found strong evidence that worklessness is associated with poorer physical and mental health<sup>9</sup>.
- 5.10 The literature review found that the most effective way to assist people back into employment for people with high level mental health needs was supported employment places. This provides on the job support from specialist job coaches or employment specialists. This is referred to as the place and train model and the most well-known is the individual placement and support (IPS). This was found to be more effective support compared with prevocational training and preparation model with this client group.

## **6. Current Commissioning Activity**

- 6.1 The following are the key pieces of work already being carried out by mental health commissioners in the Council:
- The tendering of mental health care homes under a new recovery orientated specification, outcomes monitoring and pricing framework. This follows the completion of a strategic review and consultation in 2011-12. This project is now part of a wider piece of work by the Association of Greater Manchester Authorities (AGMA).
  - The development of the new mental health home care contracts; this service is based on a new service specification that moves away from a traditional task driven care service to an enabling service focused on outcomes that reflect the recovery principals.

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<sup>7</sup> Secker J, Grove B, Seebohm P (2006) What have we learnt about mental health and employment?, *Mental Health Review*, 11 (1), 8-15

<sup>8</sup> Grove, B. & Membrey, H. (2005) *Sheep and Goats: New thinking about employability.*

<sup>9</sup> Waddell, G and Burton, A. K. (2006) *Is Work Good for Your Health and Well-being?* Norwich: The Stationery Office

- A strategic review of Mental Health Supported Housing. There has already been a shift in culture within the Supported Housing sector from seeing supported housing as a long term solution to a more temporary stepping stone to greater independence. There has traditionally been issues with move on and access within the sector for a number of reasons. The review makes a series of recommendations to resolve the blockages found, including a new Brokerage Team that will identify accommodation more efficiently and make greater use of the private rented sector.
- A strategic review of all Mental Health Voluntary, Community and Faith Service (VCFS) provision to explore opportunities to make better use of VCS organisations to build peer support networks.
- A review the interfaces between local authority and mental health services for children and young people. This will include links with the Looked after Children Strategy, the Troubled Families Programme and the Living Better, Living Longer blueprint.
- A review of the transition phase of mental health services age 14 to 18
- Continuation of work to better integrate mental health and employment and skills support services for those who are capable of work.
- Support to mitigate the impact of a wide range of welfare reforms on vulnerable residents continues to be developed and implemented.
- Building on the approach developed under the city's Troubled Families programme, key stakeholders in Manchester and GM are working with the DWP to develop a Work Programme Plus model, which will provide more intensive, integrated support for unemployed residents on ESA (many of which will present with mental ill health) into sustained work.
- In North Manchester the Council and the CCG will pilot a Fit for Work programme, to support those at risk of moving from sick pay onto ESA to stay in work through targeted early intervention.

## **7. Future Commissioning Intentions**

7.1 The Council's approach to commissioning mental health services is based on the following principles:

- A shift in resource from reactive services to targeted earlier intervention with priority groups
- "Doing with" rather than 'doing to or for', recognising that enabling people to help themselves (where possible) is the most effective route to independence
- Investing in evidence based interventions and evaluating the impact of interventions to inform future commissioning decisions including where possible the financial/economic benefits
- Building on individual budgets to drive the personalisation of services, developing the available choice and supply of quality services

- Sequencing mental health services alongside other interventions to support residents back into sustained work, recognising that there is a growing body of evidence that securing paid employment improves mental health and wellbeing
- Using the council's leadership position to influence employment opportunities and pay and conditions that promote and protect mental health
- Working with local voluntary and community organisations to identify and address the wider complex map of underlying causes of mental ill health linked to wider determinants of poverty
- Targeting population groups recognised as being at higher risk of mental ill health, for example offenders, victims of domestic abuse troubled families and the LGBT community.
- Deploying alternative contracting mechanisms where appropriate to drive innovation and efficiency
- Link mental health services to other priority themes within the Council, for example:
  - recognising the key join up between early years and early help, such as the important role of health visitors in identifying and supporting post natal depression
  - ensuring the right mental health intervention at the right time for troubled families, particularly talking therapies, linked into a broader package of support
  - building the mental health offer alongside Dementia for frail and elderly residents as part of the Living Longer, Living Better programme

## **7.2 Summary-Future commissioning intentions for the next 18 to 24 months.**

### **7.2.1 Promotion, Early Intervention and Prevention**

In 2013-4 MCC will be reviewing investments in public health population based healthy lifestyle services. Public mental health is an important element of this review and can support the development of a recovery focussed agenda in line with 'No Health without Mental Health'<sup>10</sup> and in support of the objectives to improve mental wellbeing agreed as part of the Manchester Health and Wellbeing Strategy. It is important that we address public mental health on a population basis in order to maximise the potential to maintain good mental health in the city. This will include strategic review of those factors that are working against good mental health such as discrimination and unemployment and specific interventions to promote mental wellbeing including:

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<sup>10</sup> No Health Without Mental Health: a cross government mental health outcomes strategy for people of all ages. DH. 2012

- Training for local residents in developing skills to manage their mental health and develop emotional resilience e.g. the 'Boost' programme (over 300 people engaged in 2012-3)
- Improving the availability of evidence based self help information and resources in the City
- Improving the physical health of people with mental health problems as part of their recovery
- Large scale training programmes to develop the skills of key frontline staff in addressing mental health issues (1038 trained in 2012-13)
- Investigating the feasibility of a city wide Recovery Education Centre.
- Further development of social prescribing in the city.
- Improving access and advice to employers on best practice approaches to workplace mental health and wellbeing
- Improving and expand the access to condition management and vocational rehabilitation to reduce loss of employment and improve pathways back to employment

#### Children and Young people

- Although this paper focuses on adults, MCC recognises the need to develop commissioning intentions for children and younger people. Within this schools and related services (for children and young people aged 5-18) play a fundamental role in delivering universal low level mental health and well being interventions. Nationally, more than half of adults with mental health problems were diagnosed in childhood, with less than half being treated appropriately at that time. It is therefore essential that Manchester has a robust and consistent school offer which is also strongly supported by targeted and specialist mental health services. It is our intention to explore greater integration and service delivery at a universal level to minimise mental health stigma and work towards a preventative agenda.
- We will also work with young people transitioning from children's services into adulthood and explore further development and configuration of community options to meet this level of need.

#### **7.2.2 Employment and skills**

- Look to develop through VCS provision further peer support and support networks to provide sustainable support options for people within the their own community and provide opportunities for those with lived experience to learn new skills and gain confidence.
- Improve integration of employment and skills services with mental health services to provide sequenced and appropriate support to move people back into work or training and mitigate the impacts of welfare reform.

### **7.2.3 Targeted and specialist**

- Introduction of new contracting arrangements for all mental health statutory functions, e.g. assessment and care management Fair Access to Care Services (FACS) under an outcomes based contract.
- Research into the development of support pathways based in communities to complement statutory services and allow access for service users to move on to independence
- Linking to exemplar programmes such as Living Longer, Living Better and Troubled Families to support staff and service users to develop skills in addressing mental health issues
- Design, commission and evaluate a recovery focussed Mental Health Enablement service.
- Continue to embed the recovery model within all commissioned services in new service specifications and monitoring processes.
- Commission an accommodation brokerage team to assist with finding appropriate tenancies for people within the city.
- The implementation of the Supported Housing review with a strategic goal of reducing the demand for high level 24 hour accommodation
- Develop alternative service models for supporting people with long term mental illness, such as Shared Lives ( Adult Placements)
- A whole system approach is needed across the mental health landscape - engaging with Manchester's Clinical Commissioning Groups and education providers in aligning commissioning priorities and outcomes for children and young people to ensure that services and their pathways provide seamless access to timely service delivery

## **8. Conclusions and Key Messages**

- 8.1 The prevention of mental ill-health and the promotion of mental wellbeing are at the heart of our commissioning intentions. We want to equip staff, local organisations and communities to support local citizens to maintain good mental and physical health. We will build on the mental health training currently offered to staff with a focus on Living Longer, Living Better and Troubled Families.
- 8.2 Citizens, of all ages, with mental health problems can and do recover. This may or may not include clinical recovery but does mean, as much as individually possible, leading a fulfilling life and contributing to society and the local economy. We want mental health providers to be able to work with our citizens in a truly person centred way.
- 8.3 Our strategic commissioning intentions place recovery for citizens and recovery orientated practice for service providers at the heart of future mental health service delivery models. This approach and practice is unambiguous in terms of achieving customer outcomes.

- 8.4 The focus is on an appropriate shift in investment and strategy from the severe and enduring provision to prevention and early intervention. There will be a greater emphasis on helping citizens to gain employment through education, training and voluntary opportunities on the basis that 'good' work is good for mental health. Better integration of employment and mental health services is key to this. Therefore, services must offer opportunity for paid employment where appropriate, volunteering and meaningful activity to allow people to make a contribution to the City in which they live and feel a sense of self worth.