

# Report

## **A Sense of Belonging- Edinburgh Wellbeing Services Edinburgh Integration Joint Board**

19 August 2016



### **1. Executive Summary**

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- 1.1 The report recommends the Edinburgh Integrated Joint Board (EIJB) support the development of a Public Social Partnership approach to enhance collaboration between mental health and wellbeing services, in a way that will improve outcomes for people with lived experience, their families and communities.

### **2. Recommendations**

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- 2.1 Note the contents of this report.
- 2.2 Acknowledge the involvement and engagement work to date.
- 2.3 Agree to implement a Public Social Partnership for Wellbeing Services which will build on good practice and established relationships and develop and test innovative approaches to redesign services, improve collaboration across statutory and third sector and maximise resources and assets.
- 2.4 Agree in principle to an extension to the current Mental Health service contracts to a value of £908,848 until 31 October 2017 to allow for the service redesign and co-production to take place subject to ratification by Finance and Resources Committee. NHS Lothian Service level Agreements which are in place with a number of current providers will be extended to 31 October 2017.

### **3. Background**

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- 3.1 In the mid to late 1990s there was a re-provisioning exercise that supported the closure of 92 in patients beds at the Royal Edinburgh Hospital; funding was resource transferred to deliver a range of accommodation, support and wellbeing provision in the community.

- 3.2 A number of wellbeing services were commissioned as part of Lothian's joint strategies for mental health and wellbeing (2005-10 and 2011-2016), funded by NHS Lothian's strategic programme.
- 3.3 Current wellbeing contracts across NHS Lothian and City of Edinburgh Council started through mental health illness specific grants and evolved to contracts and service level agreements. All contracts and SLAs are in place to 31 March 2017.
- 3.4 A significant redesign and change programme is now underway, this is in response to:
- The need for continuous improvement and the desire to provide the best value services for those that receive these services
  - Reduction in public sector funding and increased demand on services.
  - Rationalise the contracting arrangements; shifting from outputs to outcomes.
  - Maximise opportunities to collaborate and coproduce services that are needed and identified by people who have a lived experience of mental health, and other interested stakeholders.
  - Making better use of the assets within localities and citywide.
  - Re-provisioning of the Royal Edinburgh Hospital Campus (Phase One to be completed by December 2016) and enhanced community services to support a reduced hospital bed base.

## 4. Main report

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- 4.1 There are an estimated 120,000 people in Edinburgh who experience either common or complex mental health, which equates to over 25% of the population.
- 4.2 Key priorities were highlighted as part of the Edinburgh Wellbeing Consultation Plan Exercise, Taking Stock events and the Collective Advocacy led 'The People's Conferences'. (April 2015 and April 2016).
- 4.3 The priorities also build on the mental health and wellbeing strategy 'A Sense of Belonging', which is underpinned by the need to address inequalities that people encounter in their day to day lives.
- 4.4 Wellbeing services should enable people to feel included in their chosen community, to stay safe and well; to have meaningful activity/interest to prevent feeling isolated; and to help people recover and live as well as they can. We want to respond to this by collaborating and coproducing with people with lived experience and other interested stakeholders to design initiatives and services that meet people's needs and priorities.

4.5 The identified needs are grouped as following

<b>Social Prescribing</b>	<b>Meaningful activities</b>	<b>Support</b>
<p>Improving access and supporting people to get help and support as early as possible</p> <ul style="list-style-type: none"> <li>• Information and Advice</li> <li>• Peer workers</li> <li>• Link workers</li> <li>• Community facilitators</li> </ul>	<p>Supporting people to access activities, interests, education, which are meaningful to them</p> <ul style="list-style-type: none"> <li>• Volunteering</li> <li>• Employment</li> <li>• Arts</li> <li>• Ecotherapy</li> </ul>	<p>Specific supports and treatment for people experiencing mental ill health</p> <ul style="list-style-type: none"> <li>• Psychological support including counselling</li> <li>• Support in Crisis</li> <li>• Supporting early discharge and providing an alternative to admission</li> </ul>
<p><b>Delivered in places where people feel safe and secure</b></p>		

4.6 The importance of mental health and wellbeing cannot be understated. It affects and influences the lives of people, families and their communities.

4.7 There is growing evidence that positive mental health and wellbeing at a population level can reduce health inequalities and improve wider outcomes in relation to physical health, social cohesion and economic benefit.

4.8 The outcome of recent coproduction events identified that whilst current services are highly valued, better use could be made of assets through improved collaboration between and across 3rd sector and statutory agencies.

4.9 The feedback from service users during the co-production process highlighted how valuable current wellbeing services prevent people from becoming lonely and isolated in their lives and provide support during distress and crisis which may avoid hospital admission.

4.10 The current services are perceived to fit well with the demographics of the population detailed within the Joint Strategic Needs Assessment and are located in areas of high density and deprivation.

4.11 It is important to highlight that a significant number of current services either own or lease assets to deliver services from and there is clear added value. Most of the services bring in additional income streams

from a wider range of funding sources to enhance the quality, choice and delivery of services.

- 4.12 People who use services raised concern around the potential loss of valuable services. People emphasised the importance of the trusting relationships that have been nurtured and built with current service providers. There were high levels of anxiety and distrust in relation to the perceived risks of traditional procurement and tendering approaches, which could disrupt and fracture relationships impacting negatively on people's mental health and wellbeing.
- 4.13 There are significant opportunities for the EIJB to adopt a different approach to planning and commissioning to ensure that services are shaped around people and their communities, in line with the principles of the Christie Commission. The proposed process would build on the coproduction events to date and continue to coproduce to make better use of the assets currently available and develop improved collaboration between wellbeing and other public mental health services, including GPs.
- 4.13 The EIJB is asked to approve the concept of an Edinburgh Wellbeing Services Public Social Partnership, which will drive improved collaboration resulting in better outcomes for people and their communities.
- 4.14 The Scottish Government highlight the Public Social Partnership (PSP) approach as being a valuable framework to designing and delivering services that meet identified needs and strategic objectives. The PSP approach is a recommended framework that can support public and third sectors work together to ensure that services are working to improve the needs and outcomes for people.
- 4.15 Supported by The Scottish Government, a number of PSPs are in operation around the country, including four successful strategic Public Social Partnerships in the City currently involving a significant number of third sector providers. A great deal of knowledge, experience and expertise has been built around these and this can be harnessed for the recommended new PSP. The PSP framework enables opportunities to test new ways of working and build on good areas of practice within the city.
- 4.16 To ensure compliance with the Procurement (Scotland) Regulations 2015 which as from April 2016 require contract opportunities for health and social care to be openly and transparently advertised the opportunity for interested parties to be party to the proposed PSP shall be advertised. A 'light touch' process as permitted by the Regulations and not a traditional tendering process shall be used to select partners for the PSP.
- 4.17 If this approach is agreed a robust governance and planning structure will be established and in place by August 2016 enabling detailed

planning of concept test designs to commence through to Spring 2017 with agreed Memorandums of Understanding to be in place enabling Tests of Concepts to commence by 1 October 2017 in line with the current contracts expiring. Appendix one sets out the key milestones.

## 5. Key Risks

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- 5.1 Ensuring that Memorandums of Understanding are in place for 1<sup>st</sup> November 2017. This assumes that the requested waiver to extend current contracts to 31 October 2017 is approved by the Finance Resources Committee.
- 5.2 The PSP approach will be dependent upon providers working constructively together. If new providers are included in the PSP the available budget will not be increased to take account of new providers.
- 5.2 Reduction in hospital bed base without enhancing community services.
- 5.3 Ensuring new concepts or ways of working do add value to wider integration including mental health and substance misuse services and locality working.
- 5.4 Lack of confidence and engagement around redesigning and delivering services becomes a negative experience for stakeholders instead of a positive redeeming feature of community planning in Edinburgh.
- 5.5 Any reduction in wellbeing funding will have an impact on other high cost bed based care service.

## 6. Financial implications

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- 6.1 The total 2016/17 budget related to services in scope of this redesign amounts to £2,117,506 and is detailed in Appendix Two. This includes 5% (£87,964) savings that the City of Edinburgh Council was recommended to make. The financial context within which Edinburgh IJB is working will need to be recognised as plans are developed. The IJB does not have an agreed delegated budget beyond 2016/17 and, in line with many public sector organisations, is required to make efficiencies on an annual basis
- 6.2 We are unable to fully quantify the economic benefits from preventative wellbeing services but there is evidence through outputs provided by organisations; including people's own personal stories and outcomes that prevent people from becoming unwell and avoids pressure around bed based care.
- 6.3 The Test of Concepts delivered by the PSP will support opportunities for further shifting the balance of care, spend to save initiatives, avoiding

unnecessary admissions and protracted lengths of stay and contributing to the strategic priorities.

## **7. Involving people**

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- 7.1 Edinburgh Health and Social Care Partnership's strategic plan for the EIJB states: "At the heart of our plan is the development of a new relationship between citizens and communities, our services and staff, and the main other organisations who contribute to encouraging, supporting and maintaining the health and wellbeing of people who live in our city. We want to ensure that people are supported to live as independently as possible and enabled to look after themselves, but also access the right care and support when needed".
- 7.2 The consistent themes from all our coproduction work to date:
- Stop making funding cuts to preventative wellbeing services
  - Need to improve relationships across public and third sector
  - Improve ways in providing information and advice
  - Make better use of the assets that we have including statutory services
  - Consider new ways of working that does not automatically shift to a procurement and tendering process
  - The value people place in the relationships they have with existing services

## **8. Impact on plans of other parties**

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- 8.1 The Council's Capital approach has come about because of the reductions in public sector funding combined with increasing demand for services.
- 8.2 The lessons learned from recent procurement and tender have not build confidence from partners in the third sector.

## **9. Background reading/references**

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- Extension Award, Finance and Resources committee report 26 November 2015
- Extension Award, Finance and Resources committee report 18 August 2016
- 'A Sense of Belonging' Joint Mental Health Strategy 2011-2016
- Ready for Business (2015) Guidance: Public Social Partnerships – Lessons learned

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## 10. Links to priorities in strategic plan

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Tackling inequalities by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from, current levels of inequality: reduce, and not exacerbate, health inequality

Preventing poor health and wellbeing outcomes by supporting and encouraging people to achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing; making choices that increase their chances of staying healthy for as long as possible and where they do experience ill health, promoting recovery and self-management approaches.

Practicing person centred care by placing 'good conversations' at the centre of our engagement with citizens so that they are actively involved in decisions about how their health and social care needs should be addressed.

Developing and making best use of the capacity available within the city by working collaboratively with individual citizens, including unpaid carers, communities, the statutory sector, third and independent sectors and housing organisations

Making the best use of our shared resources (e.g. people, buildings, technology, information and procurement approaches) to deliver high quality services.