

What will the mental health care market look like in 10 years time, and what needs to be done to facilitate its development

Facilitated by Tim O'Shea, Head of Commissioning, Adult Social Care

Title - The workshop will be asked to agree a view of what excellent care and support will look like in the future. It will consider our information requirements which will underpin the formulation, and what factors will influence demand and supply . It will then go on to propose actions that commissioners and other stakeholders will need to take to ensure an appropriate market is developed over the next 10 years

The workshop involved two groups where participants took on the role of commissioners to 'commission' the Community Recovery Service. The group discussed the following four areas. Flip chart notes from these discussions are in the appendix.

Vision

We were asked to identify five outcomes of what the service should achieve.

Market intelligence

We were asked to list all the factors that we would need to take into account in planning such a service- needs analysis/data/existing provision etc.

Service redesign

We were asked to look at the suggested components of the community recovery services and how they might look as a service and work together.

Recovery/ info and advice//excluded groups/employment/creative solutions/ continuation

There was a lot of discussion about the stage of recovery and whether this should be an underlying approach across all elements of the service. A debate also took place about how each part of the service would look, what the entry points could be and time limitations of the service. There were ideas shared that info and advice should be one point of entry and also highlighted the resources needed to work with people who have continued needed to assist them towards recovery and out of dependent services.

Resource allocation

This part of the exercise was then to see how we would apportion £2 million.

The underlying principles we needed to bear in mind and agree in the discussions were:

- Prevention
- Personalisation
- Recovery
- Social justice

Key characteristics of system

- Eligibility
- Promoting independence
- Focus on attributes
- Evidence based effectiveness
- User involvement
- Contribute to the journey

The groups then fed back some of their discussions. A main point raised was how difficult the work of commissioners can be – it is not easy. Tim O’Shea said that this exercise would form part of the consultation to decide what the community recovery service will look like.

Appendix: Notes from flipcharts

Each group was asked to consider the above under the following headings, although these are just guidelines; nothing is written in stone:

- The vision (outcomes)
- Market Intelligence (demand forecasting)
- Service re-design
- Resource Allocation (particularly in relation to SDS)

The underpinning principles are:

- Prevention
- Personalisation
- Recovery
- Social Justice

The service should have the following Key Characteristics: eligibility criteria, promote independence, have a focus on positive attributes, promote service user involvement and contribute to the journey of recovery.

These are the notes from the flipcharts:

Vision

Group 1 identified 5 key outcomes:

Reduced isolation and increased social inclusion
Decreased dependence on enhanced/ emergency services
Meaningful activity and increased engagement in employment
Self-reported improvement in health and wellbeing
More accessible/ flexible/ timely service

Group 2 identified the following outcomes:

Reduced hospital/ A&E admissions
Provide employment/ volunteering/ social activity
Prevent self-harm and suicide
Provide fair access to services
Promote personal budgets and self-directed support
Should be service user led
Managing own mental health and outcomes to be identified by the service user (journey)
Service users reporting they are meeting their own personal goals

Market Intelligence

Group 1

Needs analysis/ identify gaps
What services there are already
Costs/ what services are worth
Forecast of how needs may change
Pathways in the area – how accessible are services?
Views of those not in services
Research what is working in other areas – citizenship approach
Need to know models of good practice and levels of need to plan services
Inclusive/ multi-faceted
Lifting labels
National and local strategies

Group 2

Information from hospitals and service user experience of own journey
Look at evidence, research and other services to inform
Partnership work and integrate with other services
Identifying gaps in services and unmet needs
Creativity and innovation
Identifying pathways and link work
Take account of demographics and likely future changes
Consultation with people who don't access day services
Links to self-directed support
Accounting for local and national needs and trends
Mapping personal journey accounting for contact with services

Service Re-design

Key worker based, community based
Recovery linked to self-directed support
Partnership with other organisations / social enterprises
Peer Support, service user led
Continual review and evaluation
Element of non-medical approach
Individual Needs Assessment, WRAP, Recovery Star

We were asked to allocate resources to the new service proportionately, using the following headings:

- Recovery
- Information and Access
- Employment
- Creative Solutions
- Excluded Groups
- Continuity (based on need)

Group 1

IT Access	30%
Employment	20%
Excluded Groups	30%
Creative Solutions	10%
Continuity	10%

And running through this is the Recovery model and the idea of peer support .

Group 2 did not get as far as allocating resources by percentage, but identified the following as important areas:

Training – for staff, volunteers and service users
Partnership work and mapping pathways
Outreach, reaching excluded groups