

## Somerset Mental Wellbeing Service

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Cabinet Member: Cllr David Huxtable

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### 1. Summary

- 1.1. This report provides an overview of the Somerset Mental Wellbeing Service, which is a new service commissioned by Somerset County Council (SCC) and delivered by Compass Disability Services, in conjunction with Mind Taunton and West Somerset, South Somerset Mind and Chard WATCH CIC. The service was formally launched in January 2018 and is part of a wider redesign of adult mental health social care services.

### 2. Issues for consideration / Recommendations

- 2.1. The Scrutiny Committee is asked to note the following report and consider any potential commitments that could be made by Somerset County Council services that would support and offer opportunities to people using the Somerset Mental Wellbeing Service.

### 3. Background

#### Redesign of Mental Health Social Care

- 3.1. The Care Act 2014 introduced a new set of duties for local authorities, which focused on prevention, wellbeing and promoting independence. In response to this, Somerset County Council (SCC) started a programme of service redesign for adult mental health services, as it had been identified that social care provision at the time only catered for people with high health needs, but did not effectively respond to people who had social care needs combined with lower level health needs. This meant that people who would benefit from a preventative or early intervention offer of support were disadvantaged and often would only receive support when they become unwell.
- 3.2. The first phase of this work was the redesign of Mental Health Social Care with a new model being developed which included Mental Health Social Workers being managed by SCC, whilst remaining co-located in Somerset Partnership premises alongside health colleagues and using health IT systems. This was implemented in October 2016 and continues to develop, supporting people with mental health needs towards recovery and independence.

- 3.3.** The second phase of the redesign work was to develop a new preventative and early intervention model that would support people who may not need local authority social care services, but required some support to manage certain aspects of their life such as accessing their community, employment and managing their finances and home. It was also identified that this type of support was needed by people who may be stepping down from specialist mental health services.
- 3.4.** A significant part of the redesign work was to consult and engage with people with mental health issues, and their carers, to understand their experiences and find out what would make a difference in their lives. This information alongside feedback from providers and other stakeholders including social care staff and health colleagues, was used to develop a new service model. Following this a competitive tender exercise was undertaken in 2017 and Compass Disability Services, working in partnership with Mind Taunton and West Somerset, South Somerset Mind and Chard WATCH CIC, were selected to provide the new service.

#### Somerset Mental Wellbeing Service

- 3.5.** Known as the Somerset Mental Wellbeing Service (SMWS), the new provision started in October 2017 with the formal launch taking place in January 2018. The service is working with adults with mental health needs for a time-limited period to support them in achieving personal outcomes, accessing community services and overcoming barriers to their wellbeing. The service is structured around the Five Ways to Wellbeing programme and delivered through one to one support alongside access to structured self-management courses and peer support opportunities.
- 3.6.** Whilst it is still early days, initial activity and feedback has identified the following:
- At the time of writing this report (May 2018), 257 people have contacted the service requesting support, 202 people have gone forward to receive support.
  - Positive feedback is being received by people who are reporting that they found accessing the service easy, with a timely response and that people are pleasantly surprised that access to the service is not diagnosis dependent, but is instead about what they want to achieve and the support that they need to do so. There have also been reports that the unique offer of the service is that it provides support from staff with a good understanding of mental health, whilst not being part of the 'mental health system', as people often see accessing some services as coming with a label. Comments received to date include:
    - *"It makes the world of difference to my mental wellbeing knowing I am supported and taking steps forward with your help"*
    - *"Thank you for all your help it really does make a difference to me."*
    - *"You have been very supportive and understanding – I have new lease of life thanks to your input and feel more confident leaving the house"*

- Requests for contact for the initial reporting period show:
  - Men and women are accessing the service 40% male, 60% female, research indicates that women are more likely to seek diagnosis and support around their mental health than men, despite more men experiencing poor mental health.
  - The service is being accessed by adults of all ages, with 32% of customers between 18 and 39 years, 49% between 40 and 64 years and 12% aged 65-100 years old. (7% not stated)
  - Demand across the Sedgemoor & West Somerset, South Somerset and Taunton Deane areas are at equal level, with Mendip requiring a 25% less.
  - 75% of people accessing the service are not in employment or education, which reflects the fact that nationally people with mental health needs are less likely to be in employment. This can further impact people's mental wellbeing as a result of reduced access to financial security, social / support networks and a daily structure, all things that employment can offer.
  
- People are being supported to achieve their personal goals, some of which they have had for a number of years, but which existing services have not been able to effectively support them with. A key element of the service is that people are supported to complete their own wellbeing and recovery plans and then put them in to action. In some cases, people have never had an opportunity to be supported to think about what they want to achieve and had the practical support to take control and make this happen. This has included accessing education, taking part in physical activity, maintaining the home and addressing issues as hoarding. Whilst there are other services that offer support to achieve similar outcomes, the uniqueness of the SMWS is that it takes the key principles of mental health recovery and puts these in to practice through its skilled workforce and the specific recovery-based tools, such as self-management and peer support. In addition, the SMWS team offer support that alongside promoting independence and non-specialist community services, is equipped to understand and respond to the specific experiences of people living with mental health conditions. This includes recognising the signs of when people are becoming unwell, understanding clinical terminology which become a part of daily people's lives if in contact with specialist services, as well as the real impact that certain conditions can have on a person's wellbeing and ability to manage certain parts of their lives.
  
- In promoting positive outcomes for people experiencing poor mental health, a key function of the service is to link with existing community resources. This was the primary aim of the launch event in January, which saw 70 representatives of local organisations coming together to find out about the service and to start exploring future opportunities. Attendees made pledges which included commitments to joint working, donations and promotion of the service. It also sparked discussions about how local organisations could become more accessible for people experiencing

mental health issues. One example is Taunton Football Club who has since met with the SMWS and are now looking at offering a range of opportunities to people with an interest in football who are experiencing mental health issues.

- 3.7.** In working towards the aim that people experiencing poor mental health can easily access services and support in the community, SCC recognised that the SMWS could not do this in isolation and that there also needed to be a wider community response. To support this a multi-agency board has been developed which will have oversight of a fund that can be accessed by community partners to expand opportunities available for people experiencing poor mental health. In some cases, this may be about finding solutions for where there are gaps in local areas, but there will also be opportunity to look at how existing community provision can become more 'mental health friendly'. The governance arrangements are currently being finalised and will be shared with interested organisations in due course.

#### **4. Consultations undertaken**

- 4.1.** A significant part of the redesign work was to consult and engage with people with mental health issues and their carers, to understand their experiences and find out what would make a difference in their lives. This was undertaken through various means, including surveys, workshops and attendance at local services / groups which are accessed by people with lived experience of mental health issues and their carers and families.
- 4.2.** People told us that they often felt unable to access mainstream services and sources of advice and support that many of us would take for granted. Reasons included:
- A lack of awareness and understanding of mental health within the community, resulting in people feeling misunderstood and unable to safely share their experiences and issues.
  - The set-up of services often acts as a barrier to people with mental health needs. Examples included where people may need more time to build trust and relationships than services allowed, bureaucratic processes and paperwork, eligibility criteria and the knowledge of staff to engage and work with people whose ability to communicate / engage with services may be affected when they are not well.
  - The impact of some people's mental health was a barrier in itself, particularly where people experienced significant levels of anxiety and stress when leaving their home, in going to new places, communicating with new people and having the confidence to have a voice and make themselves heard.
- 4.3.** People also told us that there were certain things that either had or would make a difference to them and their mental health. These included:
- A 'safe space' where people would not be judged, but instead understood and valued

- Good access to community services as an important part of staying mentally well
- Staff with a good knowledge and understanding of mental health needs
- Support to gain a structure to the day and purpose in life – a sense of achievement
- Peer support - the ability to meet with people with similar lived experiences of mental health in order to share, learn and build relationships
- Support that was easily accessible and available before problems escalate
- A plan to stay well and to know what to do when things aren't going well, which is personal to the individual's goals / issues e.g. employment, housing
- Support that responds to the pace that someone can engage at, including accounting for good days and bad days
- Support to step-down from specialist mental health services

The above feedback, as well as feedback from colleagues in Mental Health Social Care, Public Health and the CCG, was used to inform the commissioning of the new service.

- 4.4.** Now that the SMWS is in place, there is service user representation on the provider steering group that is responsible for delivery of the service.

## **5. Implications**

- 5.1.** One in four adults experience mental health problems in any one year and whilst many will have the resources and support networks around them to recover and manage their life alongside their mental health, there is a proportion of people for whom this is not possible, but for whom previously there were not accessible services in place. With the introduction of the Care Act 2014, SCC has duties around prevention and so the SMWS now supports people to improve their mental health, as well as ensuring that SCC is supporting people to remain living as independently as possible and having a good quality life.
- 5.2.** In relation to the financial implications of the new service, the redesign of mental health social care identified that the previous service model was primarily supporting people with high health needs, and funding was allocated accordingly. One of the challenges the redesign therefore faced was that to commission services with a more preventative role, a re-allocation of existing funds would be required. This was achieved through releasing efficiencies within existing commissioned services and through the new model that the redesign delivered, allowing for the funding of the SMWS. Through investing in preventative services, it is anticipated that there will be longer term savings as people will be supported at the right time and so there will be a reduced need for more intensive care and support services at a later point in time.

## **6. Background papers**

- 6.1.** None