

# COMMISSIONING PLAN VULNERABLE ADULTS SUPPORT FOR DISABILITIES AND MENTAL HEALTH



## CONTENT

Introduction

Prevention First Outcomes

Disabilities and Mental Health pathway

Commissioning intentions

Evidence base:

- What you told us
- Needs analysis



## INTRODUCTION

We want to set out proposed commissioning intentions for vulnerable adults who have a disability or mild mental health issues such as anxiety or low mood. The ideas in the plan will be developed and co-designed with citizens, providers, partners and key stakeholders.

The aim is to commission services that address an identified need and achieve good outcomes for people.

The Prevention First Outcomes provide a focus for our services which are about early help and prevention.

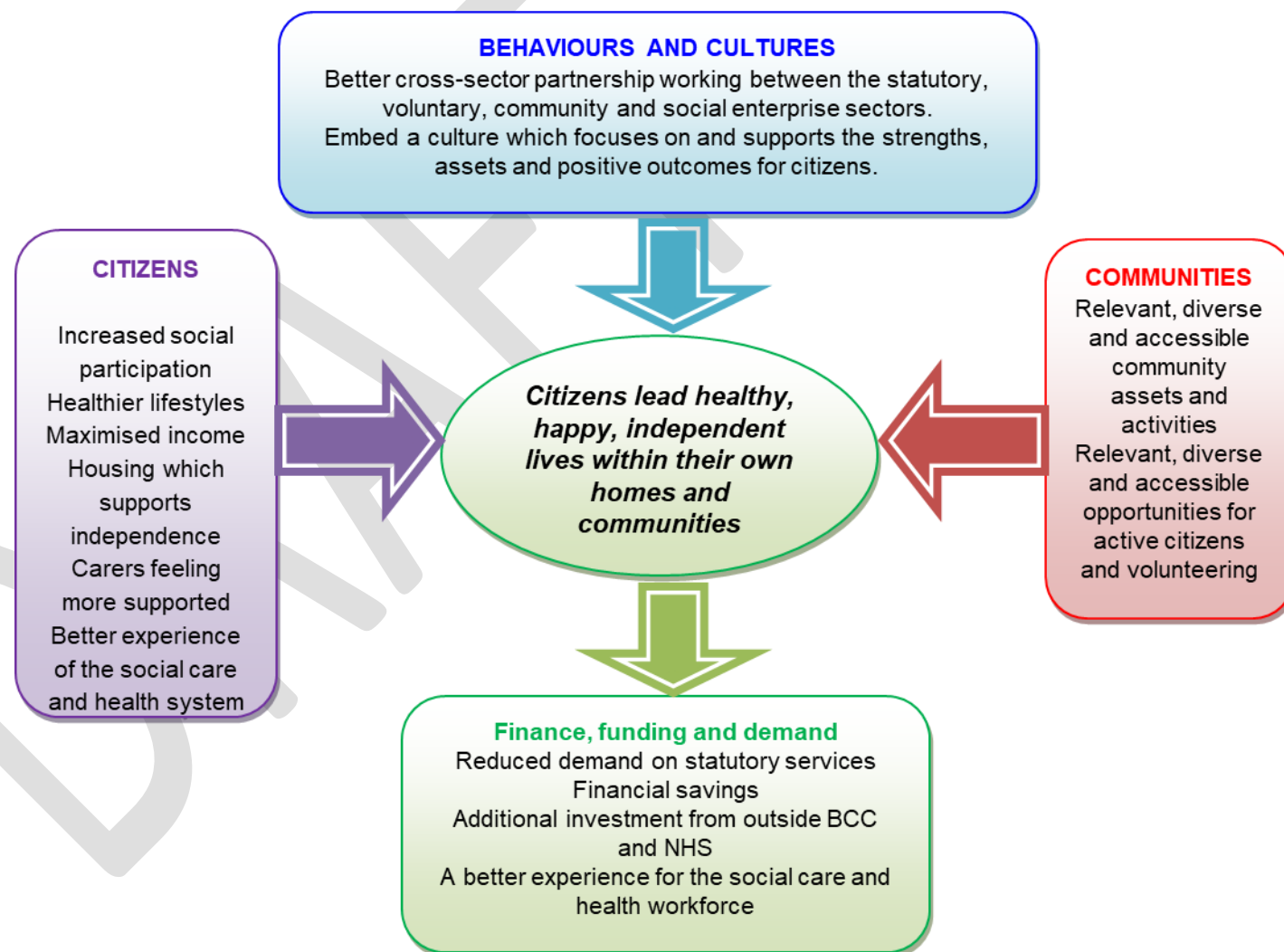
Our commissioning will take a prevention pathway approach, which is based upon existing best practices within the city and nationally, to help drive systems change.

The pathway starts from the premise that the needs of vulnerable adults are not static and often change at different points in their lives and due to life events.

An effective prevention pathway will respond early and well to people who are at risk of losing their independence or home or are beginning to have difficulty in managing their home. The pathway works to provide a range of flexible responses for citizens requiring some form of support to create an environment where they can flourish.

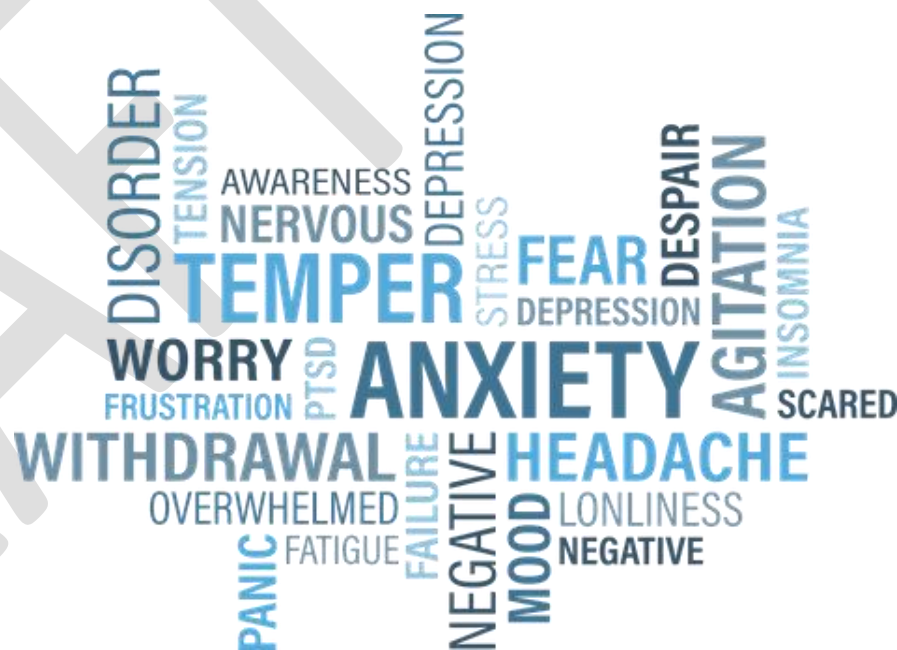
## PREVENTION FIRST OUTCOMES

Birmingham City Council has committed to a “Prevention First” vision of Birmingham where “citizens lead healthy, happy, independent lives within their own homes and communities”. This vision underpins a new approach to commissioning prevention focused services and activities in the Adult Social Care Directorate, with four domains.

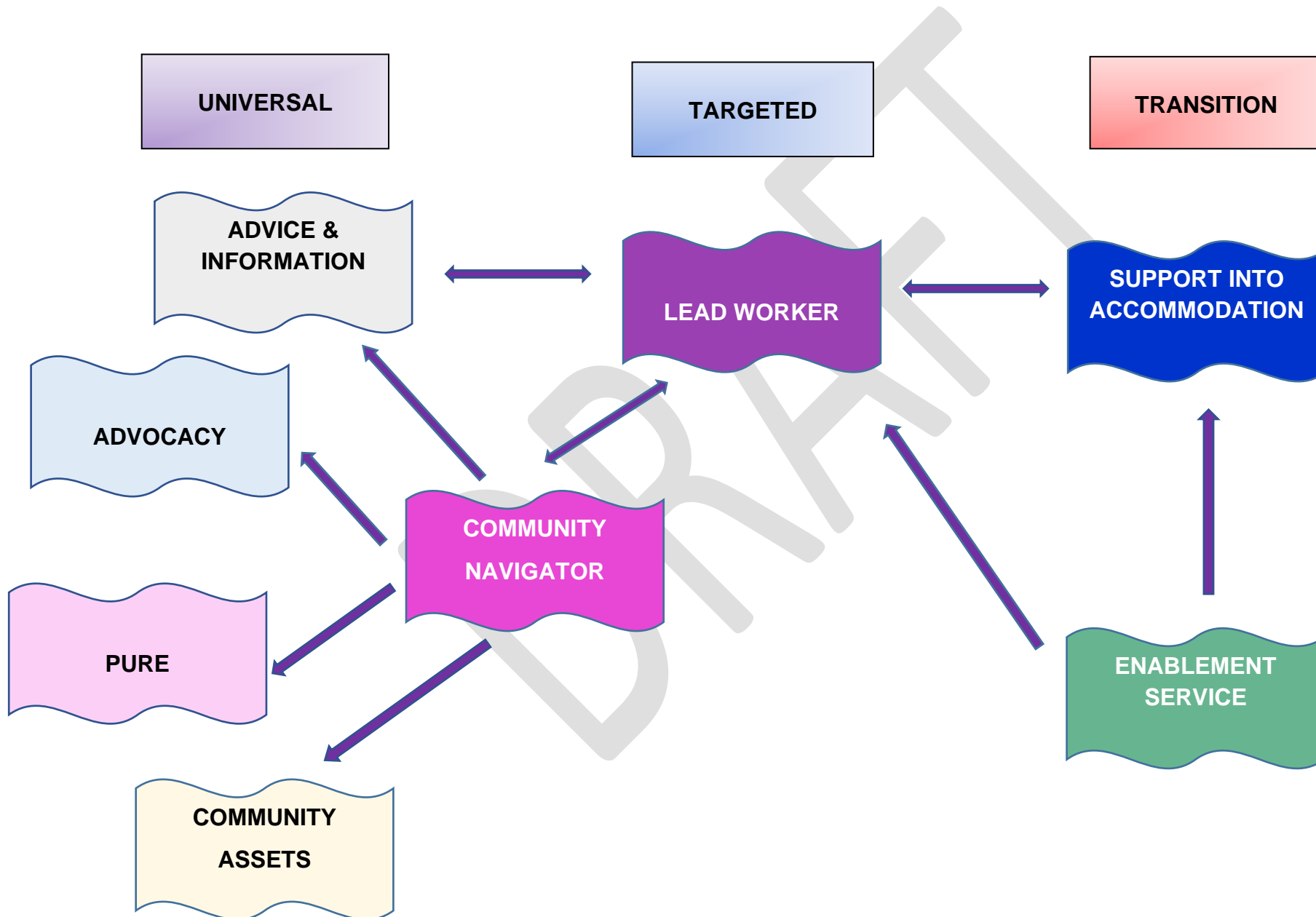


## DISABILITIES AND MENTAL HEALTH – PATHWAY

Our pathway has been developed taking a prevention approach with providers, stakeholders, partners, the voluntary sector and importantly service users. This will ensure we get it right and develop a pathway that is transparent and easy for service users to follow and that is practical and deliverable. Our pathway can be seen on the next page.



## Disabilities and Mental Health Pathway



The key parts of the pathway and the services we want to commission are:

### **Universal Prevention**

We want to ensure that everyone has access to the advice and information they need with the intention to link into existing services.

This will include access to a wide range of timely, accurate information and advice about, health and wellbeing, financial issues, education, work, training opportunities, community assets and housing options. The aim is to prevent personal crisis or issues with accommodation occurring in the first place. Web based chat will also be available.



### **Targeted Prevention**

Targeted prevention will provide support for those who need help to overcome the challenges they face. At the core will be a Community Navigator service to help people find the right information at the right time and access services they may require. This will be a short-term service providing face to face support and access to relevant services aimed at providing prevention activity. Co-location of Community Navigator services is being considered with NHS commissioned mental health HUBs to enable support and medical requirements to be accessed in the same place providing an easier pathway for individuals to get the right support at the right time.

Part of the Community Navigator service will be universal.

Lead Workers will provide initial and on-going engagement with clients and develop support plans and will be a longer-term service. The intention is to provide support individuals need to overcome challenges and equip them to face and deal with challenges in the future.

## **Transition**

Accommodation will be short or longer term and will be delivered by multiple providers based on specialism.

Support will provide a multi-agency response to presenting health needs; including primary health interventions.

In addition, as part of the transition services, there will be a six-month enablement service for people with learning disabilities moving out into the community, which is a non statutory service. They could be leaving residential care or moving out of a family home setting. In addition, the service will provide links to mental health community groups.



## **COMMISSIONING INTENTIONS**

The commissioned vulnerable adult support for disabilities and mental health will help create an environment where vulnerable and sometimes excluded people can flourish. This may include having a suitable home to move into, living an independent life, better managing health and wellbeing, contributing to wider society and managing their own home.

In terms of commissioning there are a range of considerations including:

- The contribution of vulnerable adult support for disabilities and mental health services to the strategic objectives of Birmingham City Council;
- Integrated approach to commissioning with Public Health and Adult Social Care, with a shared priority to focus on prevention. This may include co-location of services. Integrated commissioning will remove the risk of any duplication in service delivery making best use of limited available resources;
- Outcomes based commissioning including an element of Payment by Outcomes, focusing on system change and partnership working, contracting methodology;
- Diversity competent services;
- The commissioner defined social value outcomes and provider led innovation outcomes; and
- The most appropriate commissioning methods.

All the services will support and help to deliver Prevention First outcomes and key elements will include:

- Approaches which promote improved health and wellbeing including outcomes related to overcoming isolation, financial inclusion through access to paid work, better managing mental and physical health and connections into local community assets in order to regain or maintain independence within communities.
- A response at the right time to people who do become vulnerable due to personal circumstances including leaving institutional settings or care, family circumstances and health issues.
- Provision of supported accommodations for vulnerable adults who find themselves in crisis for a short period of time.
- Activity enabling people to make informed choices about their housing circumstances before the need for more costly interventions.

The new commissioning of vulnerable adult support for disabilities and mental health sets out to ensure accommodation is not a barrier or cause of poor health and wellbeing with the intention people move to their optimal position along prevention pathways at a pace suited to them.

## **EVIDENCE BASE**

### **What you told us**

As part of our co-design process you told us:

- Things have changed in the mental health world including:
  - People's needs are much more complex.
  - There has been an impact from the reduction of substance misuse services.
  - The changes to benefits have also had an impact.
- There are three main types of client facing mental health issues:
  - Anxiety issues requiring wellbeing type support.
  - People that can't be supported by the Mental Health Trust.
  - People who have been assessed by the Mental Health Trust but also need housing and wellbeing support. This represents a big % of the client base.
- The service needs to be flexible for people at different stages of their journey.
- It is also important to be flexible on length of stay in supported housing, number of hours per client and be clear about timescale of floating support.
- There is not enough support for people presenting with low level needs in the community.
- Housing is a big gap.



## Needs analysis

By 2026 it is estimated that the number of learning disability clients will increase by 117 and mental health 74 as shown in Tables one and two.

**Table one – estimated increase learning disability clients**

Age	2016 No' clients	2021 % change	2021 No' clients	2026 % change	2026 No' clients
Less than 18	6	8.1%	7	4.0%	8
18 to 24	175	-4.1%	168	6.5%	179
25 to 38	398	6.4%	424	-0.7%	421
39 to 52	541	-0.7%	537	6.7%	573
53 to 64	301	10.4%	332	3.5%	344
65+	99	4.9%	104	8.1%	112
<b>Total</b>	<b>1,520</b>		<b>1,572</b>		<b>1,637</b>

**Table two – estimated increase mental health clients**

Age	2016 No' clients	2021 % change	2021 No' clients	2026 % change	2026 No' clients
Less than 18	0	8.1%	0	4.0%	0
18 to 24	43	-4.1%	41	6.5%	44
25 to 38	227	6.4%	242	-0.7%	240
39 to 52	456	-0.7%	453	6.7%	483
53 to 64	192	10.4%	212	3.5%	219
65+	45	4.9%	47	8.1%	51
<b>Total</b>	<b>963</b>		<b>995</b>		<b>1,037</b>

## Learning disabilities

The risk of dying under the age of 50 for someone with a learning disability is 58 times greater than the general population. This is reflected in Table three which illustrates that it is the younger age groups that experience a higher number of people with this type of disability and the overall learning disability population is expected to increase by 7.5% over an eleven-year period.

**Table three – predicted population learning disability**

Predicted LD	2017	2020	2025	2030
18 to 24 years	3,723	3,671	3,669	4,006
25 to 34 years	4,395	4,532	4,619	4,475
35 to 44 years	3,509	3,643	3,785	3,987
45 to 54 years	3,155	3,111	3,041	3,141
55 to 64 years	2,380	2,541	2,752	2,723
65 to 74 years	1,668	1,722	1,813	2,041
75 to 84 years	984	1026	1414	1,238
85+ years	413	439	500	572
<b>Total</b>	<b>20,227</b>	<b>20,685</b>	<b>21,593</b>	<b>22,183</b>

Data source: Pansi & Poppi 2019

Not all the learning disability population will require a specific service and it is estimated that 21.3% will have a moderate or severe disability that necessitates some level of support. Table four shows the expected numbers by age group.

**Table four – predicted moderate/severe learning disability**

Predicted moderate/severe	2017	2020	2025	2030
18 to 24 years	861	852	861	947
25 to 34 years	944	973	992	961
35 to 44 years	881	906	952	1,004
45 to 54 years	711	701	689	717
55 to 64 years	519	554	596	587
65 to 74 years	270	279	294	332
75 to 84 years	102	106	118	126
85+ years	39	41	46	52
<b>Total</b>	<b>4,327</b>	<b>4,412</b>	<b>4,548</b>	<b>4,726</b>

Data source: Pansi & Poppi 2019

In addition, it is expected that the population with autistic spectrum disorders is expected to increase by 9%. Table five shows the numbers by age.

**Table five– predicted autistic spectrum disorders**

Predicted autistic spectrum disorders	2017	2020	2025	2030
18 to 24 years	1,381	1,366	1,396	1,498
25 to 34 years	1,779	1,657	1,926	1,875
35 to 44 years	1,421	1,451	1,532	1,636
45 to 54 years	1,328	1,310	1,269	1,302
55 to 64 years	1,035	1,096	1,183	1,176
65 to 74 years	741	770	812	906
75+ years	613	648	734	820
<b>Total</b>	<b>8,298</b>	<b>8,298</b>	<b>8,852</b>	<b>9,213</b>

Data source: Pansi & Poppi 2019

### **Physical disabilities**

Data modelled using POPGROUP Software estimates the number of people aged 10 or more in Birmingham estimated to have some form of disability over the next 20 years. They show estimates across a range of scenarios and for higher severity disabilities each scenario presents an increase of around 10,000 people every five years, whilst for lower severity disabilities it is 4,000. This represents a 20% increase for higher severity and 17% for lower by 2031.

For locomotor disabilities there is an expected average increase of 4,000 every five years resulting in an 18% increase by 2031. For sensory disabilities the estimated increase is 21% by 2031. Table six shows the scenarios and estimates for a range of disabilities.

**Table six – Estimates disability population aged 10 or over – optimistic scenario**

Disability	2011	2016	2021
Higher severity	42,949	44,336	46,356
Lower severity	102,976	106,284	110,692
Locomotor	105,947	109,402	114,215
Personal care	55,915	57,783	60,244
Hearing	38,599	39,946	41,827
Sight	18,828	19,425	20,356

Data source: POPGROUP Software data modelling

## Mental health

It is estimated that in 2014 there were circa 166,109 adults aged 18 to 64 experiencing some form of mental health issue. By 2025 the numbers are expected to increase by 5.6%. Table seven shows the estimated and predicted number of people expected to experience some form of mental health issue across a spectrum of disorders.

**Table seven – Mental health disorders**

Disorder	2017	2020	2025	2030
Common mental disorder	112,273	114,084	116,608	119,206
Borderline personality disorder	3,140	3,188	3,257	3,328
Antisocial personality disorder	2,431	2,478	2,547	2,618
Psychotic disorder	2,790	2,834	2,897	2,961
2 or more psychiatric disorders	50,171	50,999	52,196	53,414
<b>Total</b>	<b>170,805</b>	<b>173,583</b>	<b>177,505</b>	<b>181,527</b>

Data source: PANSI & POPPI 2019

It is intended that proposed services will provide quality assured, non-statutory step down support for citizens utilising the following statutory services :-

- There are currently too many mental health patients in hospital around 250 of which around 160 could be moved out.
- The NHS is investing in community provision.
- There is a presence at GP surgeries with CPNs providing primary care liaison.
- There are around 800 people in the city in accommodation under a section 117.
  - There are around 250 people in a long-term hospital setting falling under the following categories; High dependency presenting challenges such as aggression in hospital 5 years or more.
  - Continuing needs such as people aging with many ending up in residential care.
  - Active rehabilitation where they are encouraged to go out and have open doors. This may be the client group where housing and wellbeing support could assist in getting them back out into the community, around 125 people.
- There are around 3 NHS referrals each month with a potential of 40 new clients each year.

