



Excellence in Commissioning
Through Excellent Primary Care



Birmingham CrossCity
Clinical Commissioning Group

Recovery & Employment Consultation

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Overview Of The Proposed Changes: To Mental Health Recovery and employment services

1. Establish 4 Recovery Centres
2. Establish Individual Placement Support Service (IPS)
3. Single provider or consortium model
4. Introduce Personal Health Budget (PHB) offer
5. Introduce outcome based payment

The Consultation Process

- An online survey completed by 116 people
- 2 public meetings (85 attendees)
- 11 facilitated sessions with users of existing services (200 attendees)
- Focus group for 18-25 year olds
- Formal market engagement exercise

Change 1: Establishing 4 New Recovery Centres Across The City

Feedback

- 67% strongly or somewhat agreed with proposal
- Recovery concept has been received positively
- Accessibility was an issue
- Name of Recovery Colleges and Recovery Hubs need amending to avoid confusion
- The ability to self-refer is considered important
- Also an be a element of signposting and network guiding by centres is considered crucial
- Consider needs of younger adults (18-25 years)

Response

- Specify development of satellite provision
- Involvement process to agree name
- Enable self-referral but retain access criteria
- Test inclusiveness of provider model through tender

Change 2: Establishing An Individual Placement Support Service

Feedback

- 75% strongly or somewhat agreed
- Agreed that employment can aid recovery
- Concern that people would be pressurised to move to employment
- The ability to access trained skilled Employment Advisors was welcomed
- Need to focus on skill development and training, not only employment
- There was concern that suitable placements are sought
- Retention staff could be available out of hours to ensure individuals sustain employment.
- Benefit advisors would also be advantageous

Response

- Employment targets to be revised
- Include benefit advisor role in model
- Include work retention role in model
- Seek service user feedback on experience
- Workers to focus on resilience and coping skills

Change 3: Recovery And Employment Services Are Provided By One Organisation (Or A Partnership)

Feedback

- 85% strongly or somewhat agreed
- Would increase quality
- Offer wider range of services, better expertise
- Improve communication
- Allow innovation
- But could also reduce choice.

Response

- Proceed as planned
- Retain and emphasise focus on personalisation

Change 4: Service Users To Be Offered Personal Health Budget

Feedback

- 69% strongly or somewhat agreed
- Could provide more flexibility and choice
- Would empower individuals
- PHB are confusing concept to understand – individuals would need support and advice
- There were apprehensions about fairness of access- who will be eligible?
- A menu of PHB options would be helpful

Response

- Provider will work closely with individuals to co-design approach to PHB
- Commissioners review process and approach at least annually

Change 5: Some payments to organisations providing services are based on their success

Feedback

- 55% strongly or somewhat agreed
- Payments by results could improve service as focuses IPS workers
- Anxiety that person centred approach would give way to outcome approach
- Risk that incentivising employment would lead to individuals being coerced or inappropriately placed
- PbR could focus on other recovery outcomes surrounding employment.

Response

- Retain PbR as marginal element of payment mechanism (7%)
- Revise employment targets
- Retain focus on recovery outcomes (not incentivised)

Moving forward...

After presenting at the Health, Wellbeing and the Environment Overview and Scrutiny Committee:

- Gain Governance approval to proceed with procurement - June 2017
- Commence Procurement - July 2017
- Recovery and Employment Service to begin in April 2018

Any Questions?