

Live Well Kent

Ashford Health and Wellbeing Board July 20th 2016

Emma Hanson

Head of Commissioning Kent County Council

Austin Hardie

Director of Charitable and Enterprise Activity



Our aim...

- To improve support for people with mental health problems
- To get the best possible outcomes within the resources we have available
- To develop a system that is both affordable and sustainable
- To encourage growth and diversification of provider market including the voluntary, community and social enterprise sector



A Life not a Service !



Deficit Approach	Asset Approach
Identifies problems or needs	Identifies opportunities and strengths
People as service users	People with lots to offer and contribute
Does to people	Helps people to take control of their lives
Fixes people	Supports people to develop their potential
Focuses on individuals	Focus on communities and neighbourhoods



Where we were;

- Services were not fully aligned to our strategic outcomes or priorities
- Historic growth; different services in different areas, equalled inequity of access and a postcode lottery
- Services provided via a wide range of voluntary sector partners who were not consistently networked together
- Lack of performance management we didn't know what we were getting for our investment and we couldn't compare the quality and impact of services



Integrated Commissioning

- **Public Health**; universal services that support prevention, emotional health and wellbeing.
- **Adult Social Care**; day opportunities, employment services and service user engagement
- **Clinical Commissioning Groups**; secondary community mental health services and acute mental health services, psychological therapies
- **Supporting People**; housing related schemes

Historically services worked in silos for people on their journey. We have developed a new approach that is design to enable people

We have aligned budgets to create a new approach to tackling stigma and improving well-being.

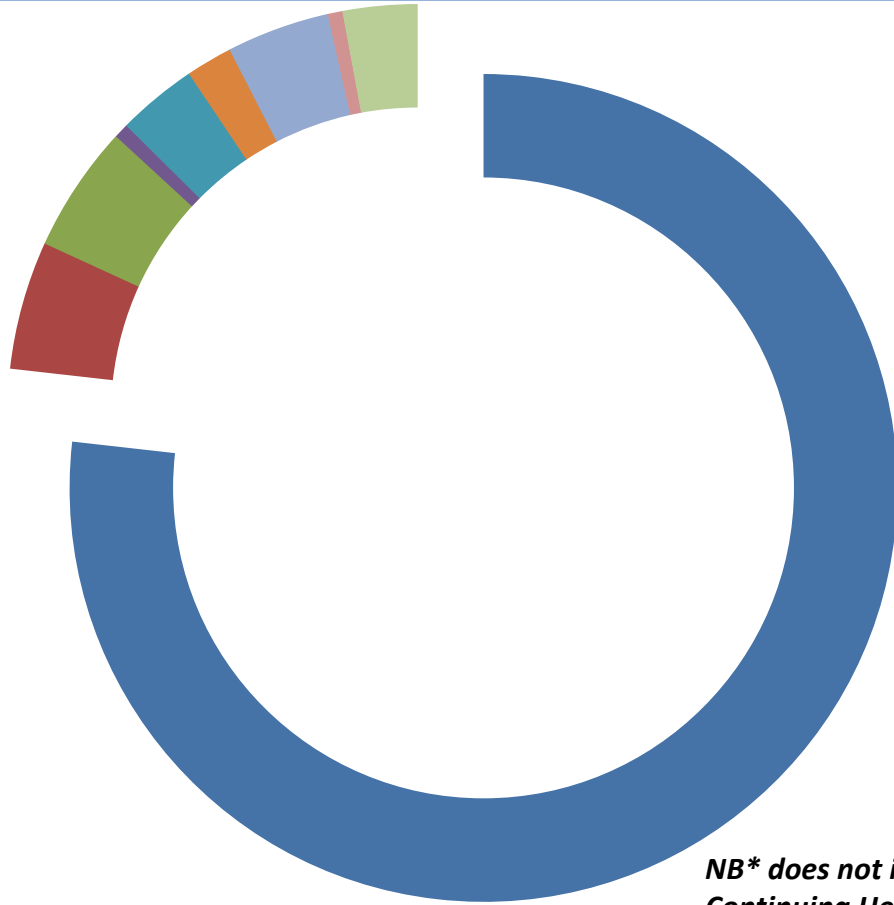


Key facts

- Total pot 4m per year, with historic funding re-profiled and allocated according to need
- A 5yr contract with an optional 2yr extension clause
- Contract let in four lots to mirror CCG areas
- Outcomes focused contract with some specified requirements around employment, housing and community link workers
- Includes co-location of primary care social workers



Profile of Investment 2015/16



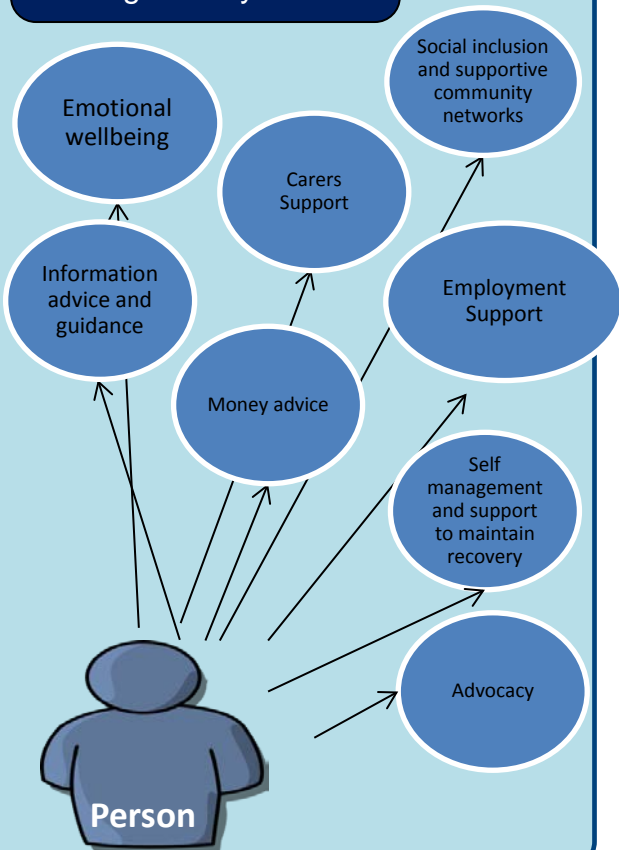
- CCG Funding to KMPT £129m
- IAPT £8.5m
- KCC Residential Care £8.4m
- Direct Payments £1m
- Supported Accommodation £5.3m
- Community Support £3.1m
- KCC Staffing seconded to KMPT £6.8m
- KCC Staffing in Primary Care £1m
- Voluntary Sector £4.9m

NB does not include Primary, General Hospital or Continuing Health Care Spend*

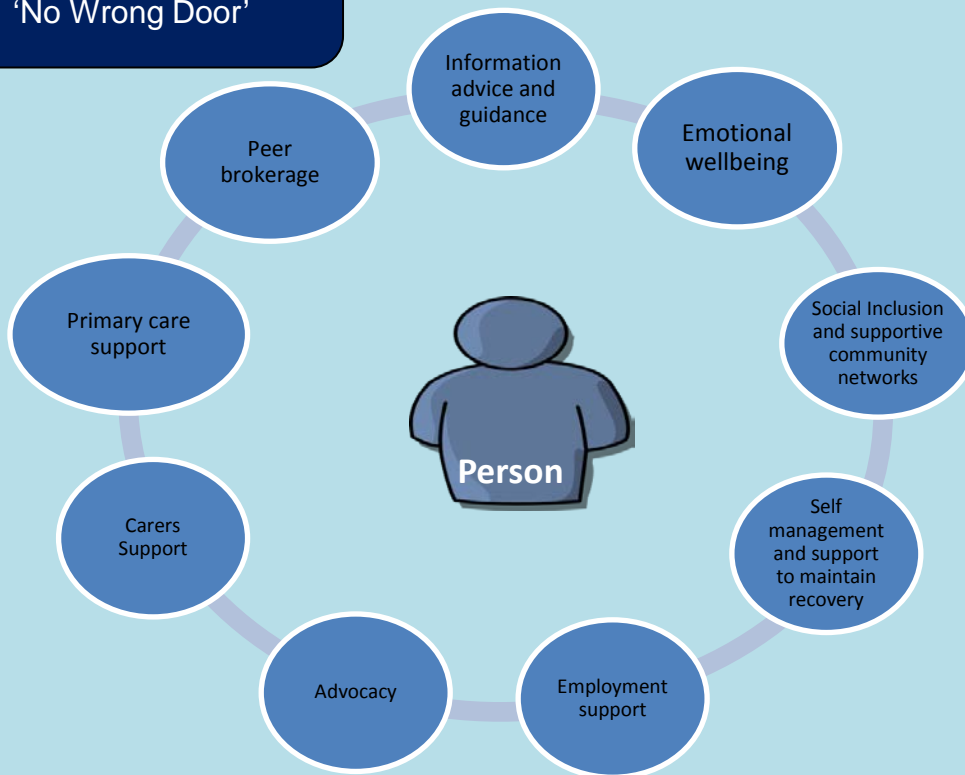


The Vision - Person Centred Community Based Services

Old Model confusing array that you had to navigate for yourself



New Model
Universal Access
'No Wrong Door'



The Co-Production Journey...

- May – June 2014 Insight gathering people who do not use services
- July 2014 2 x Multi - Stakeholder Workshops
- August to Sept 2014 Insight gathering via existing MH forums
- October 2014 to January 2015 Key Stakeholder Engagement Workshops
 - 3 x Strategic Partner
 - 4 x Delivery Network
- October 2014 – Jan 2015 Insight gathering community support services
- Jan – Feb 2015 Stakeholder Paper – widely circulated
- April 2015 Formal Public Consultation
- May 2015 – Final Market Engagement Event
- June – July 2015 Encouraged potential strategic partners to hold own events with delivery networks



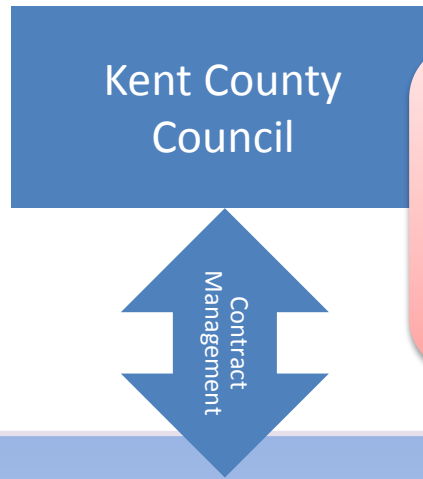
STAMP Programme

Develop skills, knowledge, resources and connections to:

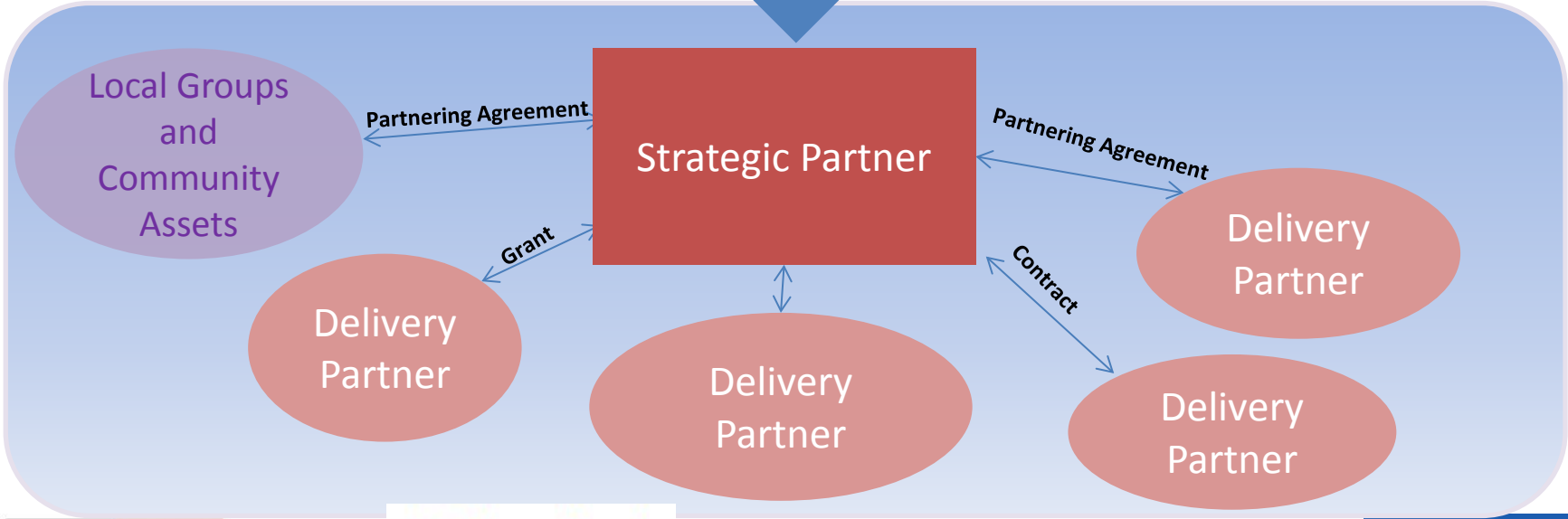
- Access new funding streams
- Tender successfully to deliver public sector services
- Set up and/or join consortia
- Launch new social enterprises
- Build their capacity and resilience
- Plan for a more secure, sustainable future
- Delivered via: 1-2-1 support, specialist workshops, networking events and access to online resources



“A strategic partnership involves a formal agreement between two or more parties that have agreed to share finance, skills, information and/or other resources in the pursuit of common goals”



Co-produce model at workshops with providers – refined with lots of input about how to develop/deliver outcomes and safeguard delivery network



Competitive Dialogue

..... is a public-sector tendering option that allows for bidders to develop proposals in response to a client's outline requirements. Only when their proposals are developed to sufficient detail are tenderers invited to submit competitive bids



Developed Business Case

Stakeholder and Market Engagement
Outcomes / Models

Publish OJEU Notice

Issue PQQ and invitation to submit outline solution (ISOS)
Bidders Workshop

Begin dialogue

Issue invitation to participate in dialogue

Shortlist SP's for competitive dialogue
Development of DP Matrix
Specification Engagement

PQQ and ISOS received and evaluated

Range of themed meetings regarding Spec, pay mechs, T&Cs, TUPE etc

Close dialogue

Invite bidders to submit final solution

Select bidders and award contract & mobilisation

Kent
County
Council
kent.gov.uk



Porchlight



NHS

Pro's and Con's of Approach

Pro's

- Really helps shape construction of service
- Allows for provider perspective
- Enables commissioners to understand from providers point of view
- Ensures service commissioned in best possible for outcomes

Con's

- Labour intensive and costly for LA and providers - especially those who are not successful
- Repetitive Process
- Slow Process



Evaluation Criteria

- **100% quality criteria**, we gave the price envelope and ask providers what they would do with it to meet the required outcomes of the service specification
- Bidders were assessed initially on **60 % minimum quality** threshold i.e. all bidders had to achieve a 60% on their quality score for pricing to be evaluated
- Those who achieve 60% on quality were then be evaluated on price per quality point
- The successful bidder for each lot was the bidder with the **best price per quality point**
- Strategic Partners were limited to apply for three lots with the realisation that the maximum award was two lots

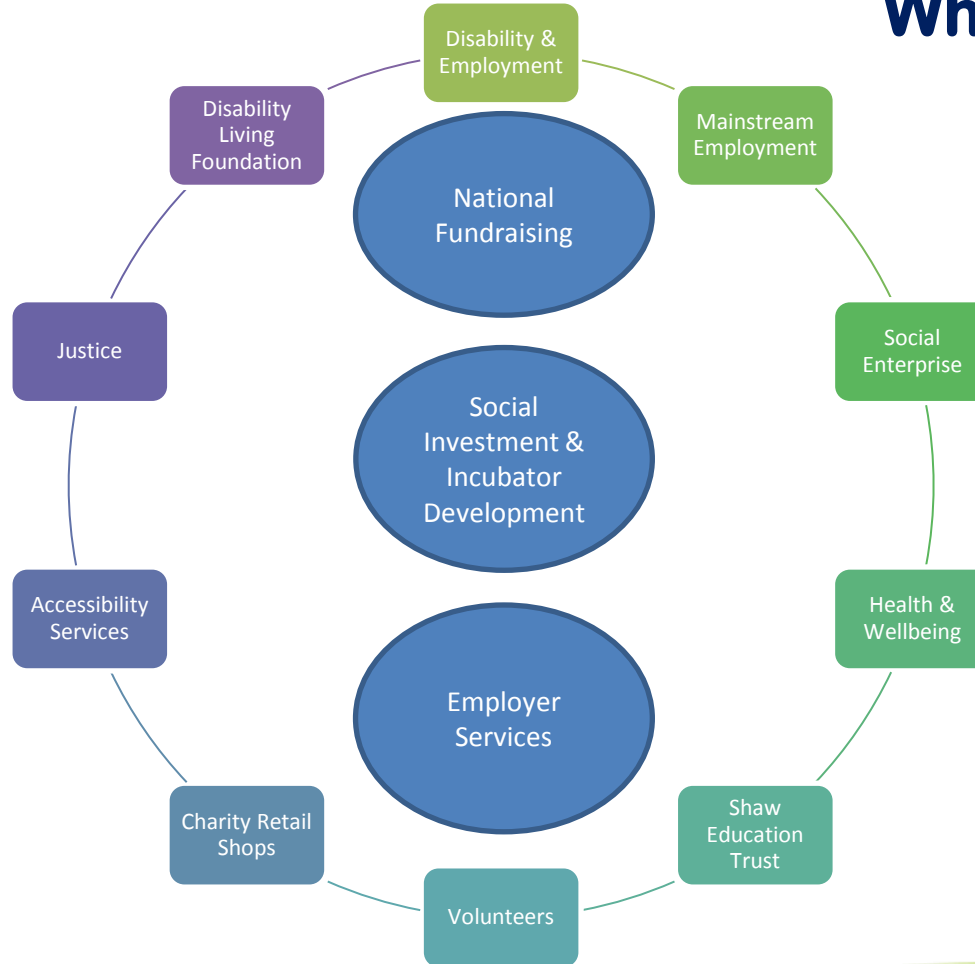


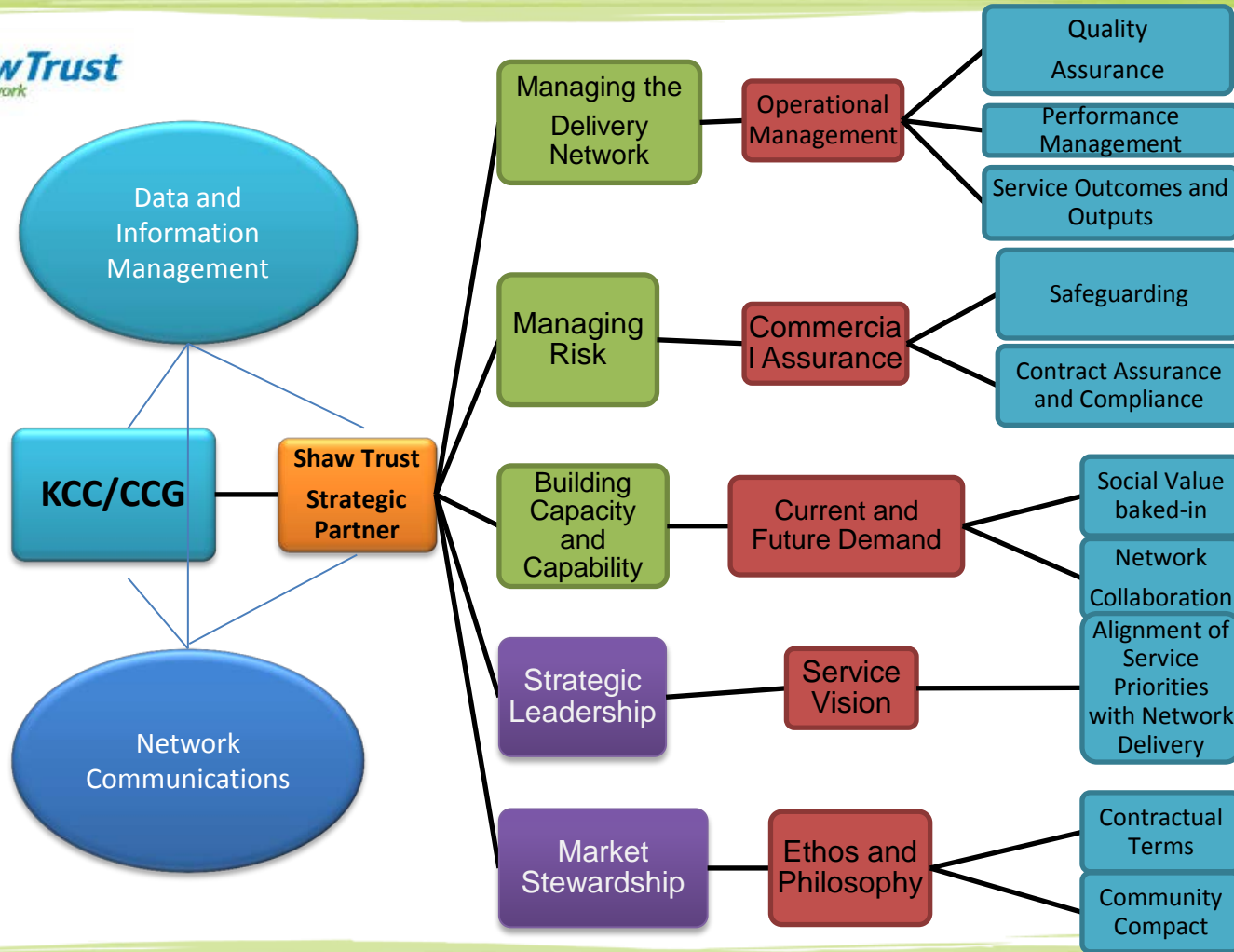
What we have achieved ... The Network

- Strong Strategic Partners who can help delivery network innovate, thrive and develop
- Two Strategic Partners are;
 - Porchlight
 - Shaw Trust
- A diverse range of delivery partners over 60 in total with 15 from Arts and Cultural Sector
- 40K innovation fund – to seed fund good ideas
- A network that will continue to grow and diversity
- A whole systems based approach to individual journeys



- Charity not for profit with a Non-Executive Board.
- Turnover of £109m per annum - no debt.
- Over 1400 staff working across the UK.
- We believe in a 3rd sector value proposition for public sector commissioners = $\frac{\text{Outcome}}{\text{Cost}}$
- Largest supply chain the UK welfare to work market with 94 end-2-end suppliers.
- ***50% of all major delivery is subcontracted to our delivery network.***





What we have achieved ...The model

- A new model to support wellbeing, self management, promote recovery, tackle social isolation and reduce stigma
- Built on principles of community development and connectivity – ***a life not a service***
- Focus on prevention and early intervention to reduce need for secondary mental health services
- Proportionate performance management with a focus on outcomes



Live well Kent

Community wellbeing



0800 567 7699
info@livewellkent.org.uk



Evaluation – Live Well Kent

Co-produced KPI's and data set to track progress and measure impact

Systems Outcomes

- Using NHS numbers to track outcomes
- In order to evidence impact on Acute Mental Health PBR clusters

Personal Outcomes

- SWEMWB (Short, Warwick, Edinburgh Mental Wellbeing Scale)
- Wider Wellbeing scales to show personal journey .. Self selected/reported and person centred
- 6 and 12 month follow ups

Network Feedback – Merlin Standard compliance



Measures of success – Live Well Kent

- People are talking about and taking care of their mental health
- Move from a crisis driven to a preventative model of support
- Flourishing community, peer support – ***life not a service***
- Well networked delivery network, sharing costs, sharing best practice continuously improving and diversifying ...
- Re-profiling of mental health investment with additional funds being brought into Kent
- Improved community engagement leading to sustainable lives
- Reduced stigmatisation in local communities



Ashford Wellbeing Café

- From mid June has moved to the Live Well centre in Ashford – Friday and Saturday Evenings
- Continues to be well received and attended with no drop in numbers ... but people using as when they want ..
- Shaw Trust and the delivery network are looking how they can support this going forward in conjunction with Maidstone and Mid Kent Mind
- Further meeting with Shaw Trust, KCC and the CCG's took place on the 7th July to look at how collectively the delivery network can support the Wellbeing Café long term and continue the good work.
- Public Health will be undertaking an evaluation of the café in October



Success so far....

Since 1st April when the new service went live we have had 116 Ashford residents referred to the Live Well Kent service.

Referrals range from

- Secondary Care,
- GPs,
- Carers,
- Self referrals (highest referrals)
- Police,
- Housing / welfare officers,
- Therapists,
- Community organisations,

Activities Range from

- Arts and culture
- Carers Support
- Finance, Debt and Benefits Support
- Housing Support
- Counselling services
- Smoking Cessation
- Healthy Eating
- Sports and fitness / Exercise
- Peer Support
- Crisis Support
- Wellbeing Support

‘When you’re in a dark forest, having someone to give you the time to share your thoughts and lift your spirit is one of the ways forward. I’ve learnt to say ‘no’ and step back at the right time before I’m are overwhelmed.’ **Leng**

Christian's story

- I developed depression, and then got diagnosed with Bipolar Disorder
- I was encouraged by a friend to get involved with Live Well Kent. I learnt to believe in myself again, gain skills and take a different direction
- Live Well Kent taught me along with other health providers that if I accept who I am and recognise my skills and abilities there is no end to what I can achieve.
- I am now involved with Ashford Live Well Centre volunteering for gardening



Our duty is to promote well-being

A yellow smiley face toy with closed eyes and a simple smile, sitting on a sandy beach. The background shows a calm sea and a clear sky.

The Care Act:

- Places ***well-being at its heart***: the primary responsibility of local authorities is the promotion of the individual wellbeing of both those with care needs and carers
- Shifts responsibility from ***providing services to meeting needs***
- Focuses on the need for services to be preventative, and stresses the importance of using the existing strengths and assets of individuals and communities ***an assets based approach***

Questions,
Comments and / or
Thoughts

