



Excellence in Commissioning
Through Excellent Primary Care



Birmingham CrossCity
Clinical Commissioning Group

Mental Health Recovery & Employment Service

You Said, We Did!



Overview Of The Proposed Changes:

Mental Health Recovery and employment services

1. Establish four 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 four new recovery centres across the City

You said

- 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)

We did

- Specify development of satellite provision in the service specification. New service will be based on a Hub and Spoke model to ensure that access to services are spread across the city.
- Retained South Link Charter as a user led services
- Agreed to develop an Involvement process to rename the centres
- Enabled self-referral but retained existing access criteria
- Developed mechanisms to test inclusiveness of provider model through tender

Change 2: Establishing an Individual Placement Support Service

You said

- 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

We did

- We have ensured that the service is recovery not employment focused. Workers to focus on resilience and coping skills
- Employment targets were revised and lowered
- We have included include benefit advisor role in model to ensure individual get the benefit advice they need.
- We have Include work retention role in model to ensure that support in ongoing.
- We will work with service users and follow up on their feedback.

Change 3: Recovery and employment services are provided by one organisation (or a partnership)

You said

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

We did

- Proceed as planned
- Retain and emphasise focus on personalisation
- Highlighted the maintenance of local links in the procurement tender documents

Change 4: Service users to be offered a Personal Health Budget (PHB)

You Said

- 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

We Did

- We have ensured that the provider will work closely with individuals to co-design approach to PHB
- Commissioners will review process and approach at least annually

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

You said

- 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.

We did

- Retain PbR as but lowered are expectations reduced this from 9-7% of the payment mechanism.
- Revise employment targets, these have been reduced and are now lower to ensure that focus remains on recovery rather than employment.
- focus on recovery outcomes has been maintained (not incentivised)