

# Market Position Statement Adults with Mental Health Needs

January 2024



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# Introduction

The purpose of this market position statement (MPS) is to outline the supply and demand of Adult Social Care (ASC) services that are required for people with mental health needs in Surrey. It is designed to signal business opportunities for the care market and gives relevant information to inform market development and commissioning plans from 2024. It is an iterative document, which will be refreshed on a quarterly basis to ensure the inclusion of future plans and developments.

There are a range of services commissioned by Adult Social Care, and in partnership with NHS Surrey Heartlands ICB and NHS Frimley ICB. Quantitative and qualitative data sources have been analysed, including the voice of those who draw on support and their unpaid carers, to inform this statement.

The MPS covers two main areas of support for adults with mental health needs:

1. accommodation with care and support, including supported independent living and residential and nursing care; and
2. community opportunities, including Community Connections services, outreach support, day opportunities for people with dementia and care within the home

## The Surrey Vision

In the [Community vision for Surrey in 2030](#), Surrey County Council has outlined its ambition for all residents. The most relevant ambitions for adult mental are that:

- everyone benefits from education, skills and employment opportunities that help them succeed
- everyone lives healthy, active and fulfilling lives, and makes good choices about their wellbeing
- everyone gets the health and social care support and information they need at the right time and place

In 2019, the Surrey Health and Wellbeing Board (made up of senior managers from health and social care) published a 10 year [Health and Wellbeing Strategy](#), which was subsequently updated in 2022. The priorities from this strategy are:

- priority one: Supporting people to lead healthy lives by preventing physical ill health and promoting physical well-being
- priority two: Supporting people's mental health and emotional well-being by preventing mental ill health and promoting emotional well-being
- priority three: Supporting people to reach their potential by addressing the wider determinants of health

Outcomes identified within those priorities are supported by adult mental health services and service outcomes link either directly or indirectly to them. For example:

- priority one outcome – “People are supported to live well independently”
- priority two outcome – “Isolation is prevented and those that feel isolated are supported”

In May 2021, the Mental Health Partnership Board produced a report entitled: [Emotional wellbeing and mental health in Surrey](#): A review of outcomes, experiences and services.

The key recommendations from this report that inform this MPS are:

- focus on a more preventative and early help approach
- focus on a shared, co-produced vision for emotional wellbeing and mental health
- focus on resilience, early support and helping people understand and access it
- focus on better joined-up work at the local community level

In 2022, the Mental Health System Delivery Board set its priorities for Surrey. The Board's overarching vision is:

“Together we build and nurture good mental health and emotional wellbeing for all. If anyone needs help, they will find services on offer for themselves, their family and carers, which are welcoming, simple to access and timely. No-one is turned away from a service without being given support to get the help they need”.

As of January 2024, a ‘one system plan’ for adult mental health is in development.

## Where are we now

### Prevalence of mental health need in Surrey

Surrey's [Joint Strategic Needs Assessment](#) (JSNA) chapter on emotional and mental wellbeing in Surrey adults, published in March 2023, gives a full breakdown of the determinants of mental health for the population. The key messages are:

- national research shows there is considerably higher prevalence of mental health problems among the general population than the number of people receiving treatment – often the stigma around mental health makes it harder for people to seek help
- overall, Common Mental Health needs in Surrey are relatively lower than across England as a whole
- levels of Severe Mental Illness are lower in Surrey as compared with England as a whole
- given the low comparative prevalence of common mental disorders in Surrey, it is surprising that the suicide rate is only marginally lower than that observed nationally.
- Surrey has a similar rate of emergency admission for neurosis as England as a whole, but higher rates of admission for schizophrenia and bipolar disorder
- there is national research to suggest that deprivation has a negative impact on mental health and that is also the case in Surrey. The most deprived 10% of the population of Surrey have a 28% higher average prevalence of Serious Mental Illness than the most affluent 10%

## Number of people with mental health conditions in Surrey

NHS Surrey Heartland ICB and NHS Frimley ICB produce data on mental health in their Population Health Management dashboards using Surrey Care Record data which is based on patients registered with a GP within Surrey Heartlands CCG/ICS with an NHS number. This data suggests that, as at the time of writing, September 2022, there were:

- over 130,000 people with a known mental health condition in Surrey
- over 7,500 of those with a 'Severe Mental Illness' (SMI)\*
- over 120,000 with a 'general' mental health condition\*\*

\* SMI Cohort: Patients with a diagnosis of psychosis, schizophrenia, or bipolar affective disease.

\*\* General MH Cohort: Patients with one or more of the following: anxiety, neuroses, attention deficit disorder, depression. (Excludes SMI patients).

## Health inequalities

The Centre for Mental Health has a factsheet explaining [health inequalities](#). It states that:

“Some groups of people have far poorer mental health than others, often reflecting social disadvantage. In many cases, those same groups of people have less access to effective and relevant support for their mental health. And when they do get support, their experiences and outcomes are often poorer, in some circumstances causing harm. This ‘triple barrier’ of mental health inequality affects large numbers of people from different sections of the population.”

This results in:

- men and women from African-Caribbean communities in the UK have higher rates of posttraumatic stress disorder and suicide risk and are more likely to be diagnosed with schizophrenia. (Khan et al, 2017)
- people who identify as LGBT+ have higher rates of common mental health problems and lower wellbeing than heterosexual people, and the gap is greater for older adults (over 55 years) and those under 35 than during middle age (Semlyen et al, 2016)
- young people with a learning disability are three times more likely than average to have a mental health problem (Lavis et al, 2019)
- 80% of adults with autism (Lever and Geurts, 2016) have at least one mental health condition (Autistica evidence to the Commission)

## Access

The factsheet also highlights that access to services is a problem for these same groups:

“As with the determinants of mental health, access to mental health support is not equally distributed across the population. Groups facing particularly high levels of poor mental health also, paradoxically, often experience the greatest difficulty in accessing services.”

## Domestic Abuse

Women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence<sup>1</sup>.

Domestic violence is associated with depression, anxiety, PTSD and substance abuse in the general population<sup>2</sup>.

In Surrey, 13,390 domestic abuse-related incidents and crimes were recorded in 2020/21 (Surrey JSNA). This is equivalent to 14 incidences and crimes per 1,000 people aged 16 years and over. This rate is lower than the South-East and England, at 21 and 24 per 1,000 population respectively. The rate of domestic abuse crimes and the proportion of all crimes that are domestic abuse related in Surrey are also low compared to other police areas across the country.

## Health inequalities in Surrey

NHS Surrey Heartlands' population health management dashboard for mental health shows that 45% of those in the total mental health cohort living in Surrey fall within the government's 5<sup>th</sup> quintile on the index of multiple deprivation (1<sup>st</sup> is most deprived, 5<sup>th</sup> is least) compared to 51% for the whole population. 11% of the total mental health cohort fall within Quintile 1 and 2 (most deprived) versus 9% for the whole population.

Demand for mental health services has continued to rise following the Covid-19 pandemic, with the council seeing a 71% increase in the number of open cases with a primary social care need of mental health between January 2020 to January 2023. In August 2023 there were 2,881 open cases with people whose primary needs was mental health, this is a 626 increase in the last year.

# Chapter 1: Accommodation with care and support, including supported independent living and residential and nursing care

## Supported independent living

Surrey County Council has calculated that under the current trajectory, there will be an estimated projected deficit of between 185-210 units of supported independent living (SIL) for people with mental health needs by 2030.

Figure 1: Trends in mental health service demand

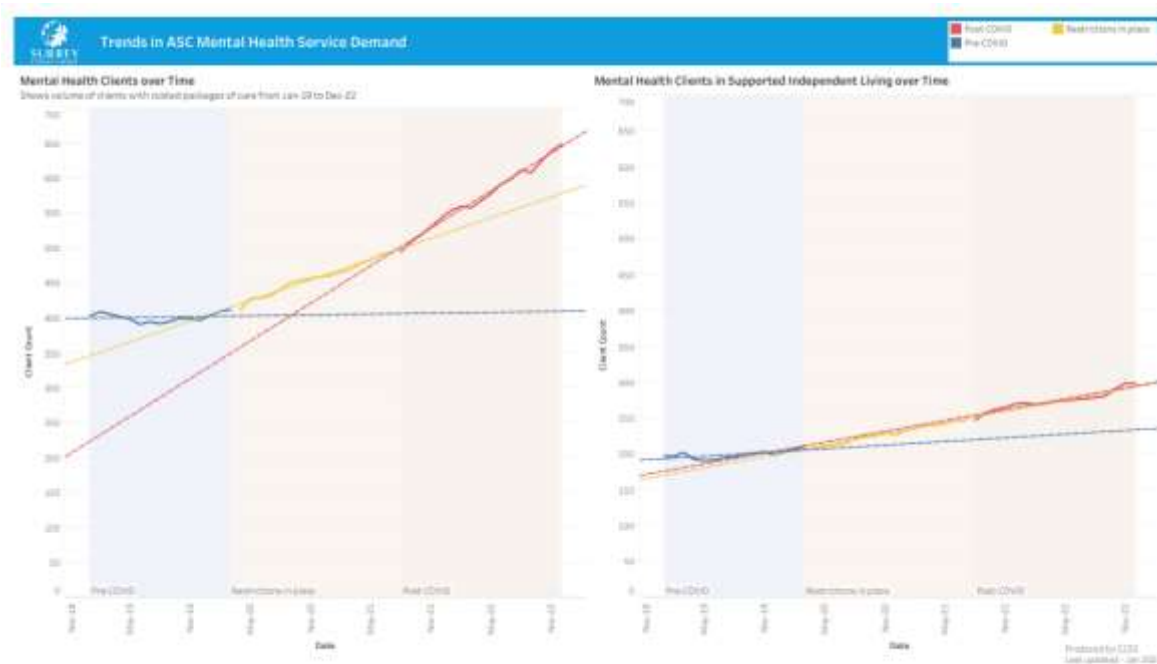


Figure 2: Projected demand model



The SIL available on the council’s Dynamic Purchasing System (“DPS”) is classified as ‘support to recover. The aim for SIL commissioned as part of the 2020/21-2023/24 DPS is to ensure that sufficient high quality supported living is available for adults with serious mental illness and/or substance misuse problems that meets their needs and enables them to achieve their identified outcomes towards recovery.

We expect the SIL services to embrace person-centred principles to enable people to move on from the setting in a timely manner: the indicative timescale would be 18-24 months, dependent on needs and outcomes identified in care planning and review processes. Move on plans, with timescales, should be explicitly stated. The service specification was developed based on engagement with people with lived experience of SIL, ensuring that what was important to people about SIL was specified.

As of November 2023, there were 19 providers on the SIL MH DPS, with 80 sites giving an availability of 402 units. This is a significant increase since September 2020 when there were 211 units on the DPS.

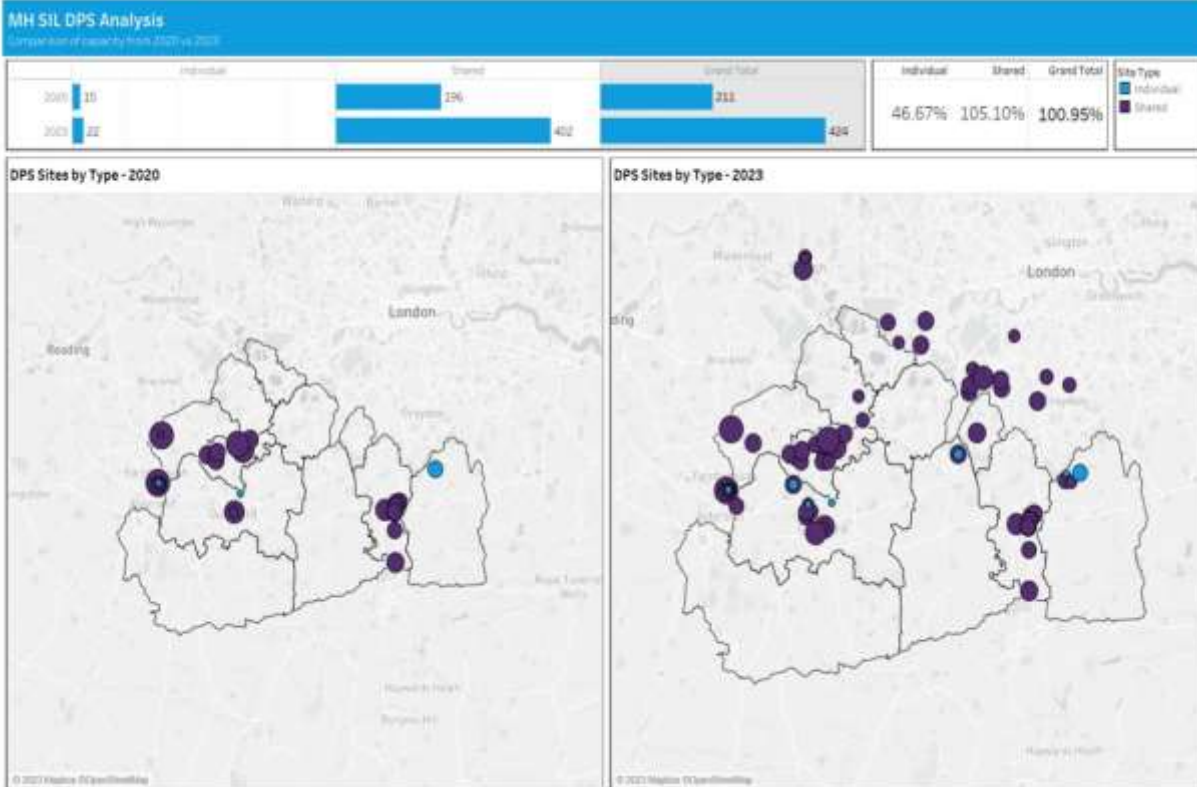
Furthermore, of the provision on the DPS, 262 units are in Surrey with the remaining 162 units (38%) sitting outside county borders. Of the total units on the DPS, 402 units are shared accommodation and 22 (only 5% of the total) are self-contained (the council’s preferred model).

Going forwards, of the 185-210 SIL MH units required, the council’s target is for 70% of these to provide more self-contained accommodation and shared accommodation that has ensuite facilities.

The number of providers on the DPS has grown since the start of the contract in April 2020. In April 2020 there were 211 SIL units available there are now 402.

**Figure 3: Mental health SIL analysis**





We know that people are staying in support to recover settings for longer than 18 months to 2 years. Analysis shows that 149 people have been in their MH SIL setting for more than 3 years. ASC has a new team in place called the Supporting Independence Team, who will help identify the reasons why people have remained in these settings for more than 3 years. The new DPS will commence in April 2024, and it will differentiate between 'Support to Recover' and 'A Place to Call Home' settings. As of December 2023, the 23/24 forecast for spend on MH SIL was £12.4 million.

## Residential and nursing care

For some individuals, whose primary need relates to their mental health, residential or nursing care will be an appropriate accommodation with care and support setting to meet their needs. Whilst remaining relatively small absolute numbers compared to residential and nursing care for other client groups, the volume of both residential and nursing care has increased between since May 2019 by 58% and 193% respectively.

**Figure 4: Mental health residential care volumes 2019/20-2023/24**

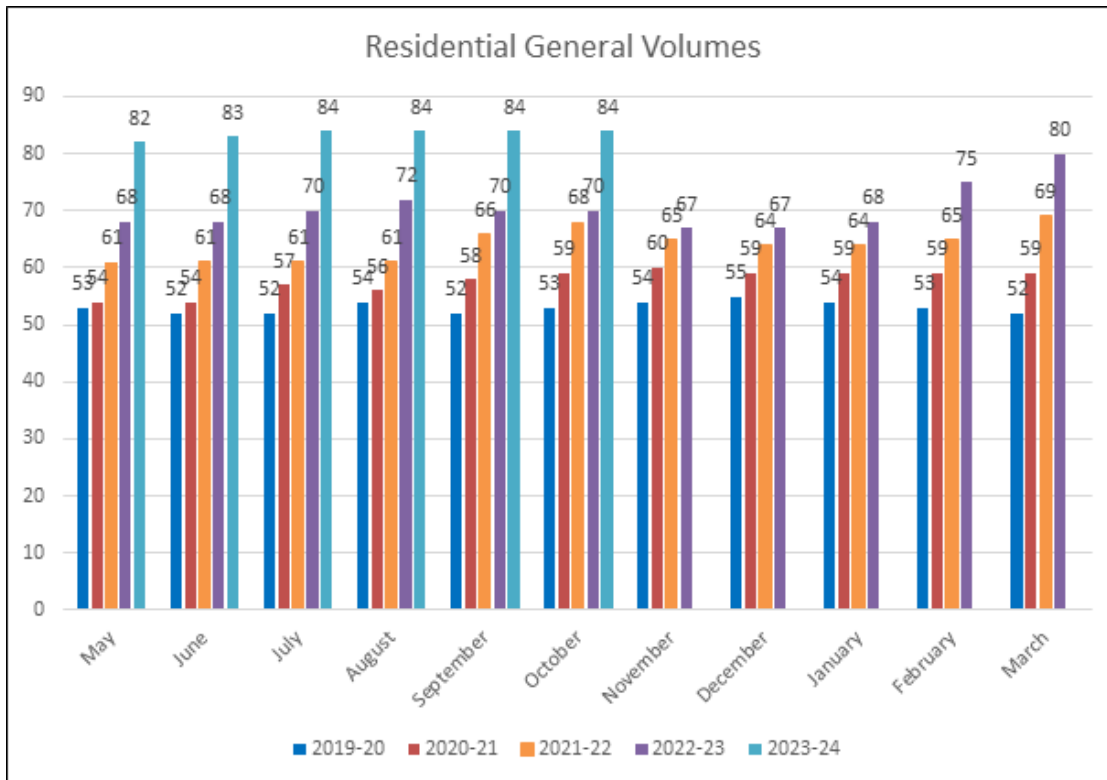
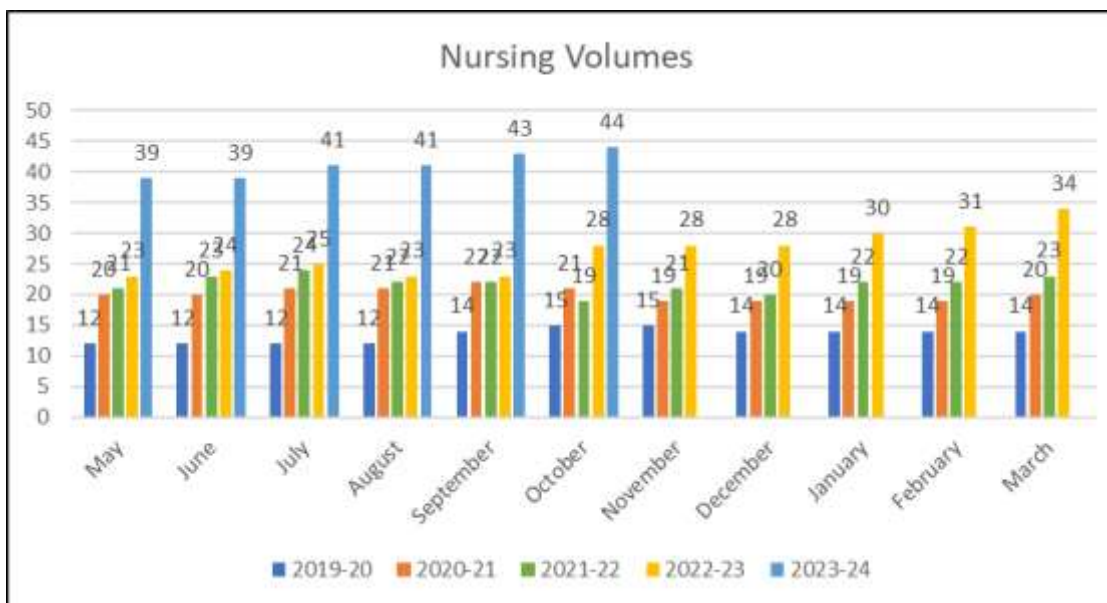


Figure 5: Mental health nursing care volumes 2019/20-2023/24



As of December 2023, the 23/24 forecast for spend on MH residential care was £6.7 million. As of December 2023, the 23/24 forecast for spend on MH nursing care was £2.1 million.

## Market opportunities

### Supported independent living

A new community accommodation with care and support DPS was launched in September 2023.

This can be accessed by [signing up to proactis](#), then searching for:

- **Project Name:** SCC IC Care and Support with Community Accommodation DPS
- **Project Reference:** RFX1000432

Providers can bid for a range of lots for people with mental health needs; there are also lots relating to people whose primary needs relate to learning disability and/or autism and for people whose primary needs relate to physical disabilities and/or sensory impairments.

There are 4 lots available related to providing community accommodation with care and support for people with mental health needs, outlined below:

#### **Lot 5: Level one Mental Health - A Place to Call Home**

Care and Support with Community Accommodation for people whose primary need is a long-term and enduring mental health problem. Level one is for people whose needs are less complex.

#### **Lot 6: Level two Mental Health - A Place to Call Home**

Care and Support with Community Accommodation for people whose primary need is a long-term and enduring mental health problem. Level two is for people who have a high level of need/complexity. Examples of high complexity could include (but is not exhaustive) people with multiple health needs, neurodiversity, self-harm, forensic needs under part 3 of the Mental Health Act, and/or substance use.

#### **Lot 7: Level one Mental Health - Support to Recover**

Care and Support with Community Accommodation for people whose primary need relates to their mental health. These services are medium-term to help people recover and to become more independent with support. The indicative timescale for length of stay would be 18-24 months unless stated otherwise as part of the assessment and review process with budget holder and supporting agencies. Level one is for people whose needs are less complex.

#### **Lot 8: Level two Mental Health - Support to Recover**

Care and Support with Community Accommodation for people whose primary need relates to their mental health. These services are medium-term to help people recover and to become more independent with support. The indicative timescale for length of stay would be 18-24 months unless stated otherwise as part of the assessment and review process with budget holder and supporting agencies. Level two is for people who have a high level of need/complexity. Examples of high complexity could include (but is not exhaustive) people with multiple health needs, neurodiversity, self-harm, forensic needs under part 3 of the Mental Health Act, and/or substance use.

## **Priorities for mental health supported independent living**

Mental health commissioners have identified several key priorities for supported independent living in Surrey. Bids are being welcomed for providers that can deliver the following:

- self-contained properties - there is a need for self-contained properties that can be supported by one staff team, preferably with a communal area
- complex needs - feedback from stakeholders indicates an increase in complexity, particularly where people have multiple health needs, neurodiversity, forensic needs under part 3 of the Mental Health Act, behaviours that challenge, substance use and/or

self-harm. Surrey County Council will be seeking applications from services with evidence of experience and recognised training in these areas

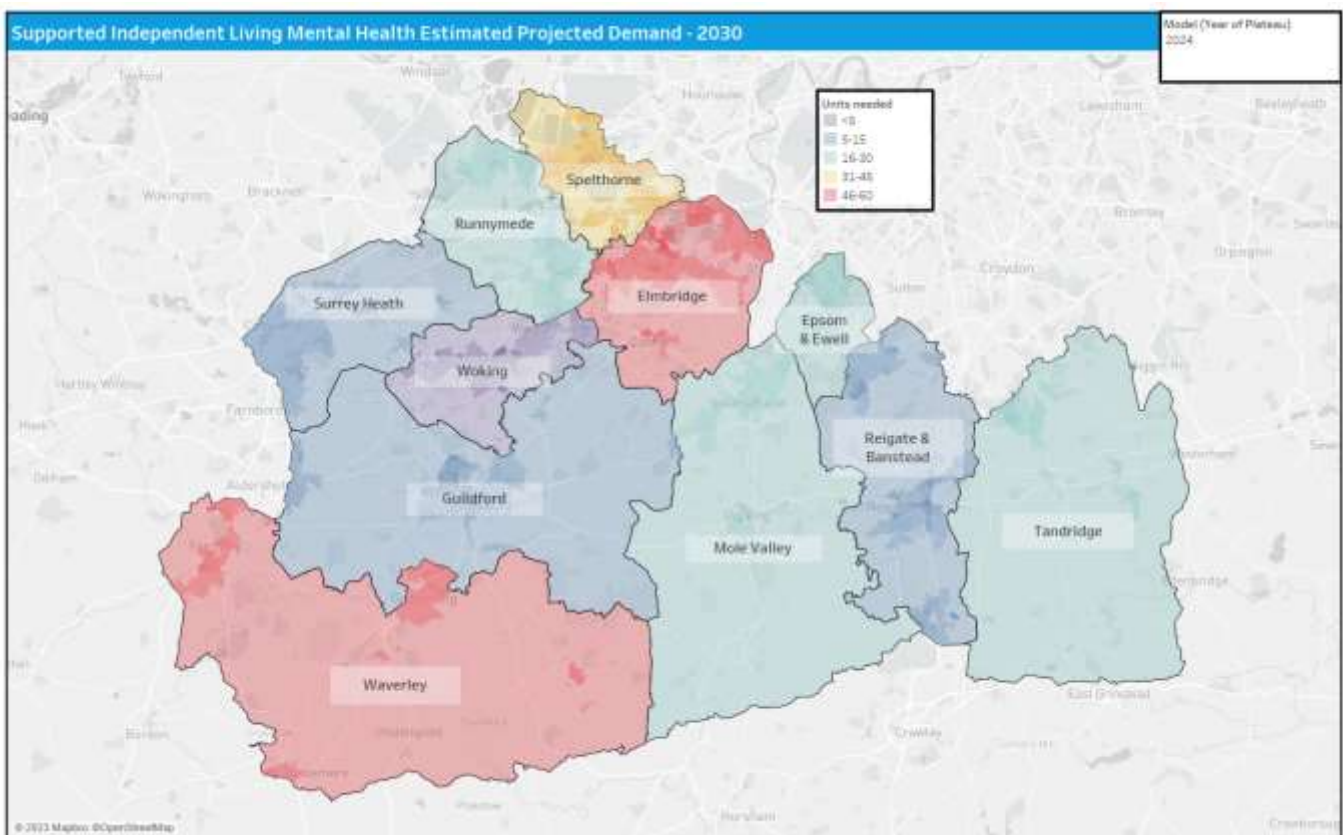
- low need / 'Move on' - feedback from stakeholders has identified a lack of low needs services to support move-on from higher need services. Surrey County Council will be seeking applications from services who can provide a range of support including lower needs. Lower needs services are unlikely to require staff on site overnight and services would instead provide access to on-call out-of-hours support and/or technologies to enable independence when staff are off-site

Commissioners would welcome applications from providers with a range of services within a small geographical area, which can give more confidence to people who want to move on whilst maintaining relationships they have built in the community or with staff. This may also enable a more gradual reduction in staffing when using staff who know the person well. This can be achieved where the service is with the same provider or where there are agreed referral pathways and flexibility within resources.

### Location

The DPS ending 31st March 2024 has seen an increase in the number of providers supporting individuals in Surrey, however feedback from stakeholders suggests that there is still a shortage in some locations and to meet some specialist needs.

**Figure 6: Number of units/ individual places estimated to be needed over the next 6 years (until 2030)**



This DPS will be actively seeking applications from the areas identified as needing more services. As examples priority areas will be Elmbridge, Waverley, Spelthorne, Mole Valley, Runnymede, Epsom and Ewell and Tandridge. Feedback from people with lived experience

suggests location within walking distance of public transport and amenities (including shops, leisure opportunities, occupational opportunities, faith needs) must be a priority.

### **Female only**

Feedback has identified challenges placing females in predominantly male supported independent living services, and current data confirms that females are under-represented in supported independent living settings when compared to the numbers open to Surrey County Council's mental health teams.

### **Young adults**

Feedback has indicated that it can be hard to place younger people (18-25) in supported independent living if current residents are older and again, data confirms a slight under-representation of under 25's in Surrey's current framework settings.

### **Residential and nursing care**

As outlined previously, demand for residential and nursing care for people whose primary need relates to their mental health is also increasing.

A service specification for the provision of residential care, with or without nursing care, is being developed for working age adults. This is an existing 'ghost' lot on the residential and nursing care home DPS that can be activated. It is anticipated that this will be a live opportunity from April 2024.

### **Working together**

The council is keen to work together with community accommodation with care and support providers to develop new SIL accommodation. A request for information has been shared with the market to assess interest in the delivery of our accommodation with care and support strategy. The RFIs have now been returned with 14 responses expressing an interest in SIL LD&A and MH. Market engagement events are being planned for spring 2024.

The council also works closely with the Integrated Care Boards in Surrey with regards to people whose care and support is jointly funded. Work is also progressing with Surrey and Borders Mental Health Partnership Foundation Trust to develop a system wide view of need and future demand.

The Joint Mental Health Housing Protocol was launched in March 2023. It was developed by all 11 District and Borough Councils, Surrey and Borders Partnership Trust and Surrey County Council. It has three key overarching aims:

1. set out joint working arrangements for Housing, Mental Health services, Adult Social Care, clinicians, and supported housing providers to improve the experience of clients with mental health issues who need help and support with accommodation
2. prevent where possible clients being discharged from mental health wards without appropriate accommodation and support planning
3. prevent homelessness

Over 220 people attended the launch events from a diverse range of organisations.

# Chapter 2 Community opportunities, including: Community Connections services; care within the home and outreach support

## Community Connections

In Surrey, the voluntary sector plays a key role in delivering community opportunities via the universally accessed, preventative service 'Community Connections. The broad aim of Community Connections is to work in partnership to reduce health inequalities by expanding opportunities for individuals with self-defined mental health needs to live well and achieve their full potential, through participation in social, leisure, sports, art and education, within their local community. It will be preventative in two ways: helping people stay well and avoid the need for secondary care services and for those with existing mental health conditions, to help them avoid a mental health crisis.

### Where we are now

Providers support over 6,000 people – based on Q3 2022-23 performance data. There is 46% more demand versus Q4 2017-18 (after 12 months 'bedding in' of current contract).

### Health inequalities

Service users are largely representative of the Surrey population, and in some cases more diverse for example, ethnicity, disability, sexual orientation. Due to health inequalities, we'd hope that this was the case. Services are flexible in responding to the needs of service users. For example, one provider has set up an ASD specific peer support group and another an LGBTQ+ group.

### Outcomes

Currently around 88% of outcome measures for those supported with the Recovery Star are maintained or improved – based on Q3 2022-23 performance data. Approximately 70% of people leave the service following a successful intervention, with a general upward trajectory since 2017. This is currently exceeding the comparator IAPT outcome target for "reliable improvement" (68%) - Outcomes - NHS Digital. The providers connect over 200 people that they've supported successfully to other services each quarter.

### Value for money

Cost per person supported ranges from £47.33 per person in East Surrey to £136.80 per person in North-West Surrey – based on Q3 2022-23 performance data. On average, cost per person across Surrey is £79.52 per person, which compares favourably with other MH services like IAPT (£427 per referral) and community crisis referrals (£3,448 per referral). Comparator data comes from Carnall Farrar report to MH Delivery Board, December 2021 – based on Q3 2022-23 performance data.

The 23/24 budget for community connections services is £2.1 million.

## Market opportunities

The Community Connections services went out to tender in late 2023 and new contracts will begin in April 2024. The most important aspects of Community Connections that people with mental health needs and carers want to see maintained are the quality of the staff and activities, the ability to meet in groups and socialise (plus peer support) but also get support one to one and the reliability of the service. Knowing the support is there, even if they don't go that week, was key for many people.

When it comes to improvements to the service, based on the needs analysis provided by the providers, the Surrey context and feedback gathered from all stakeholders, the following recommendations will be included in the new services from April 2024:

Supporting people in the community and at home – The pandemic forced many services to move online. This allowed people to access support from home whilst avoiding the risk of catching Covid and reducing related anxieties, with many people still suffering from these anxieties. The engagement process clearly highlighted that people benefit from both virtual and in-person support depending on their needs at the time, therefore the recommendation is that the specification should require providers to support people in the community and at home.

Providing both shorter-term (recovery) and long-term support – Research suggests that there will be people coming out of hospital or secondary care services at a high rate following the Covid-19 pandemic and some of these will be referred to Community Connections. However, the feedback received shows the importance of this service to some people as a 'life' line, which is reliable and always there. Therefore, it is recommended that the service specification and outcome monitoring reflect the need to support both cohorts.

Extending support on evenings and weekends – as a system, we want people to be in work and therefore able to live independently and well. To facilitate this, it is recommended that all Community Connections providers cater for people who work by offering support outside normal working hours. Similarly, people that are isolated may not have people to spend time with on the weekend as others might. Therefore, support at the weekends should be made available as well.

More specialist support to meet increasing needs – providers report that they are seeing an increased number of people with advanced mental health conditions, likely worsened by the pandemic and their report indicated that they support many people not open to SABP. Likewise, during the engagement people were asking for support beyond things like managing 'anxiety' and 'stress', suggesting there is need in the community being unmet. It is therefore recommended that the specification acknowledge this and propose that providers look at how/if they can work in partnership to identify and bring in specialists on topics like eating disorders, depression, and sexual abuse, where some people are not able to access support from secondary care services.

Focus on accessibility – providers, service users, carers and professionals, highlighted various ways that the service could be developed or promoted more to certain groups. The recommendation is that the specification calls for providers to ensure support is offered (delivered directly or in partnership with other organisations) to:

- young (16-25) and older adults (65+)
- people at risk of being digitally excluded
- people without a face-to-face service in easy traveling distance for example, Spelthorne
- those with disabilities
- people from Black, Asian and Minority Ethnic groups
- carers

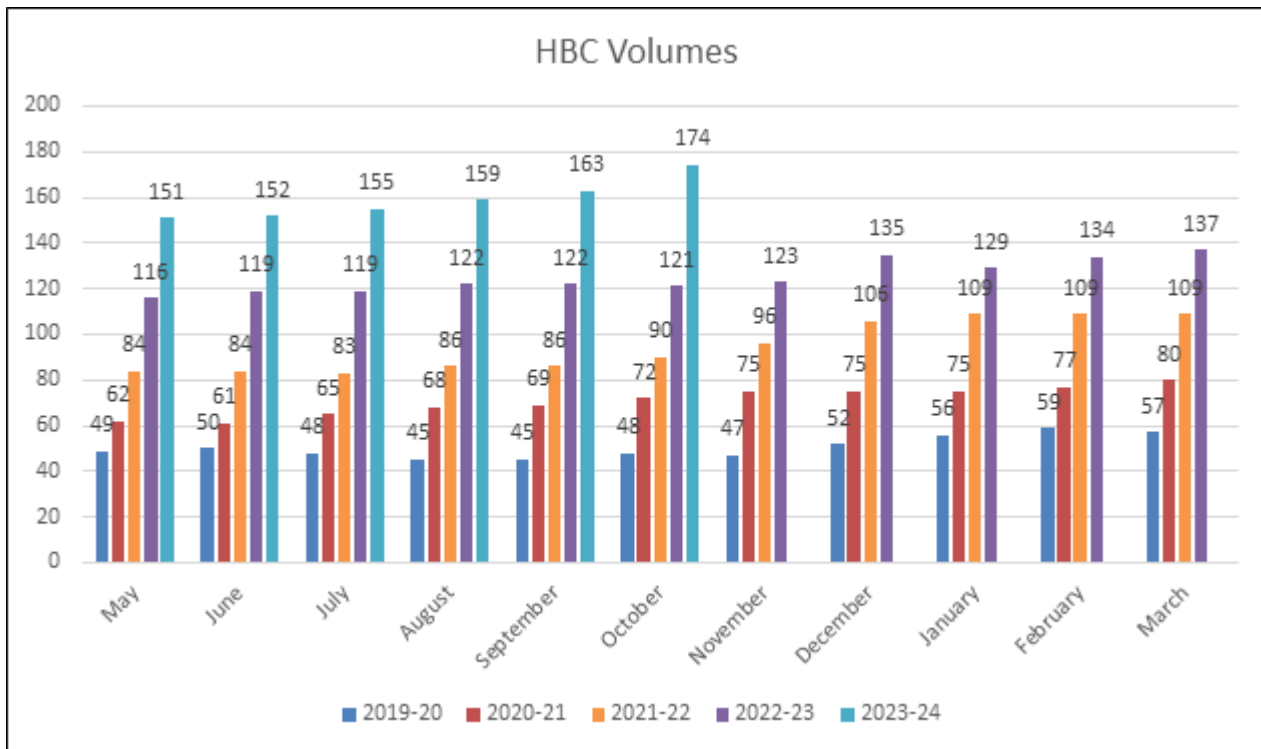
# Care within the home

As part of the Surrey Wide ‘Care within the Home’ contract, which commenced 1<sup>st</sup> October 2020, there is an additional needs ‘lot’ that providers who have successfully qualified for inclusion onto the main contract framework can apply for. The additional needs lot cover care within the home support for the following categories of care: People with Learning Disabilities, People with Autism, Mental Health, Physical Disability, Sensory Impairment and Acquired Brain Injury. A separate set of qualifying questions and evaluation criteria is used to assess the suitability of applicant providers.

As of August 2023, there are 37 care quality commission registered care agencies approved for additional needs, of which 32 are accepted to support people with mental health.

The volume of people being supported by the commissioning of a care within the home care package since October 2019 has increased by 262%.

**Figure 7: Mental health care within the home volumes 2019/20-2023/24**



As of December 2023, the 23/24 forecast for spend on mental health care within the home was £1.6 million. Prior to October 2020, finding a suitable ‘care within the home’ agency to provide support for people with mental health had been difficult, primarily because of a lack of capacity in the market. However, as of November 2023, our brokerage team can source suitable providers within a reasonable timescale from the point of referral to the market, usually taking 24 to 48 hours. This has been influenced by the provider market increasing their workforce. (Some using [non UK employee sponsorship scheme](#) and increased pay rates to care staff).

## Market opportunities

Where individuals require support that includes personal care, we have an obligation to commission care quality commission registered care agencies for such activities. This requirement, by its regulatory nature, stifles the opportunity to explore alternative providers such as community and micro provider organisations.



## Working together

We already have an agreement with Health collages that individuals with a Section 117 categorisation, that the council's brokerage team commission the placement through our approved providers, and recharge Health for their funding contribution. Were this arrangement not in place, Health would need to approach the same market and contract with them separately.

## Community Outreach Support

Outreach support is provided to individuals in their own home and in the community. It aims to develop or maintain the person's independence, confidence, and self-esteem to achieve their individual outcomes. The level of support an individual receives will vary according to their personal support plan. We are not currently including personal care in our definition of community outreach for people with mental health needs. See below for a list of types of support that would be considered as 'community outreach'.

For adults with mental health needs, there is a high demand for hospital beds, and thus pressure to find support as part of the hospital discharge process. As a result, the aim is to develop a plan to commission community outreach in a more strategic way, to provide an alternative to accommodation-based services.

Community outreach support might include:

- maintaining and developing emotional wellbeing
- maintaining and developing confidence accessing the community
- prompting with health and wellbeing tasks for example, maintaining hygiene, taking medication
- help with finances, claiming benefits and budgeting, support to maintain a tenancy
- maintaining and developing life skills, such as food shopping, cooking and household chores
- supporting people to access college, or voluntary or paid work
- supporting people to use public transport
- accessing community-based activities such as attending clubs
- support around hoarding/decluttering
- attendance at appointments
- helping people to maintain and develop relationships
- outreach support does include personal care. This would be considered 'Care at Home'. Please see previous section

## Where we are now

There are fewer than 10 providers delivering this type of service. Surrey County Council has an in-house reablement and enabling independence services (both provide short-term intervention). There are fewer than 30 people receiving this support in their own home, though there may be people receiving support from a Care at Home service when the service they need is more like community outreach for example, there is no need for personal care or support dressing/washing etc. Most of these people are supported by just two providers. Most providers only support one or two people. On average, boroughs have access to between 3-5 of the services.

Services work with clients on a short or long-term basis. None of current providers support people under 18. Several providers can support people with MH needs plus LD/ASD, forensic history, substance use, physical disabilities.

## Key Challenges

- recruitment – Providers report that recruitment is a challenge in this sector, due to recent rises in the cost of living
- financial viability – The current low volume of outreach packages, makes it hard to run an outreach service. Some providers need to have a minimum visit length (longer than Care at Home) to ensure viability. Cost of travel (not covered in package of care) was also highlighted as a financial constraint. Feedback suggested that services could be combined with other services, such as supported living

## Market opportunities

- shared language – language is not consistent in the sector in Surrey, with some referring to 'Outreach' and others to 'floating support'
- agreed model – there is no widely agreed definition of what is and what isn't community outreach
- availability – from a mental health perspective, there is potential for a wider range of services in all districts and boroughs
- barriers to entry – what are the challenges in this market?
- market expansion - there are a number of organisations delivering other service models in the community who may be interested in developing outreach services
- training - would provision of training encourage more organisations to develop their skill-base while promoting inclusion within our community?

## Working together

We already have an agreement with Health colleagues that individuals with a Section 117 categorisation, that the council's brokerage team commission the placement through our approved providers, and recharge Health for their funding contribution. Were this arrangement not in place, Health would need to approach the same market and contract with them separately.