

Committee Name and Date of Committee Meeting

Cabinet – 17 October 2022

Report Title

Commissioning Mental Health Recovery Focussed Community Services

Is this a Key Decision and has it been included on the Forward Plan?

Yes

Strategic Director Approving Submission of the Report

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Ward(s) Affected

Borough-Wide

Report Summary

Mental health care and support services are necessary to meet the Council's statutory requirements.

A review of current care and support provision indicates the need to improve the community service model to one which offers, mental health recovery support, personalised social care with increased choice and control for people living with mental ill-health.

A new care and support model has been co-produced in partnership with people accessing services and their supporting professionals to inform the service design. Such services will support people to achieve independent living skills, move towards and sustain independent living in the communities in which they live. This is in line with the guiding principles of the mental health recovery framework for people who are deemed eligible for support under the Care Act 2014. This model promotes the identification of the strengths of individuals, offers them support to build the resilience necessary to enable them to regain control over their lives after experiencing a serious mental illness.

Aiming to harness the opportunities which exist in the wider care and support market, the recommendations in this report propose to develop a range of service provision arranged under a flexible purchasing system (FPS). The Community Services –

Mental Health Recovery FPS will increase choice and improve outcomes for people living with mental ill-health in Rotherham.

The FPS will comprise of a number of separate lots. Each lot will specify a community service with the principle of mental health recovery at its core. The community services in scope include supported living, day opportunities and preventative services.

Recommendations

1. Cabinet approves a procurement process to establish a Flexible Purchasing System (FPS) and procure a range of community services which reflect the principles of mental health recovery model and at its conclusion successful bidders are appointed by the Strategic Director ACHPH for a period of 5 years.

List of Appendices Included

Appendix 1 - Outcome of the co-production – Commissioning Mental Health Recovery Focussed Community Services.

Appendix 2 – Supported Living Model.

Appendix 3 - Part A – Initial Equality Screening Assessment - Commissioning Mental Health Recovery Focussed Community Services.

Appendix 3 – Part B – Equality Analysis - Commissioning Mental Health Recovery Focussed Community Services.

Appendix 4 - Carbon Impact Assessment - Commissioning Mental Health Recovery Focussed Community Services.

Background Papers

- Adult Care, Housing and Public Health Market Position Statement – Rotherham Metropolitan Borough Council - <https://www.rotherham.gov.uk/homepage/319/adult-care-housing-and-public-health-market-position-statement>
- Report - A strategic assessment of the accommodation with support needs for people with a learning disability, autism and mental health conditions 2020-2030 <https://www.local.gov.uk/case-studies/strategic-assessment-accommodation-support-needs-people-learning-disability-autism-and>

Consideration by any other Council Committee, Scrutiny or Advisory Panel
N/A

Council Approval Required
No

Exempt from the Press and Public
No

Commissioning Mental Health Recovery Focussed Community Services

1. Background

- 1.1 Mental health care and support services are necessary to meet the Council's statutory requirements.
- 1.2 A review of current care and support provision indicates the need to improve the community service model to one which offers mental health recovery support, personalised social care with increased choice and control for people living with mental ill-health.
- 1.3 A new care and support model has been co-produced in line with the guiding principles of the mental health recovery framework for people who are deemed eligible for support under the Care Act 2014. This model promotes the identification of the strengths of individuals, offers them support to build resilience to enable them to regain control over their lives after experiencing a serious mental illness.
- 1.4 Aiming to harness the opportunities which exist in the wider care and support market the recommendations in this Report propose to develop a range of service provision arranged under a flexible purchasing system (FPS). The Community Services – Mental Health Recovery FPS will increase choice and improve outcomes for people living with mental ill-health in Rotherham.
- 1.5 The FPS will comprise of a number of separate lots. Each lot will specify a community service with the principle of mental health recovery at its core. The community services in scope include supported living, day opportunities and preventative services.
- 1.6 An ongoing and extensive programme of co-production is taking place in partnership with; people accessing services, unpaid carers and their supporting professionals to inform the service design (Appendix 1). Such services will support people living with mental ill-health to achieve independent living skills, move towards living independently and provide support proportionate to their need to help them to continue to live in the community.
- 1.7 Statutory Requirement

Mental health care and support services are necessary to meet all the Council's statutory requirements under the Care Act 2014, the Mental Capacity Act 2005, the Mental Health Act 1983 (amended 2007) and the Health and Social Care Act 2012.

The recommendations in this report are likely to compliment Government's proposal to reform the Mental Health Act 1983 and modernise mental health care to ensure that patients are involved more closely in decisions about their care and treatment.

The types of services people experiencing mental ill-health require may include:

- Community outreach to enable people with mental ill health to live independently in their own home,
- Supported living, designed specifically to enable people to live as independently as possible,
- Crisis intervention support, and
- Residential and nursing care home provision.

Detail of support required by people with mental ill-health include:

- Welfare,
- Mental health recovery,
- Monitoring mental health,
- Reassurance/empathy/avoidance of anxiety,
- Medication – ordering/taking/attending medication appointments (i.e., clozapine clinic),
- Personal cleanliness,
- Mail/correspondence/interpreting-explaining,
- Maintenance of property - hygiene/cleanliness/laundry/outstanding repairs,
- Access to education/skills/training/work,
- Travel/public transport,
- Socialising/maintaining contact with friends and family,
- Planning/arranging/preparing for and keeping appointments,
- Finances – debt avoidance – arranging appointeeship, and
- Grocery shopping/meal prep.

1.8 Mental health - key data (Source Rotherham Data Hub)

The latest data (2017) depicts the estimated prevalence of common mental health disorders (CMHD) for Rotherham, is higher than that for Yorkshire and the Humber and England for both those aged 16 and over and those aged 65 and over.

Rotherham residents (data period shown in brackets):

- 18.6% of the population aged 16 and over are living with a common mental health disorder (2017)
- 11.6% of the population aged 65 and over are living with a common mental health disorder (2017)

Mental health problems are a growing public health concern and contingencies to support this identified cohort must be developed at the scale required.

1.9 Strategic Direction for people living with mental ill-health:

The recommendations in this report are aligned to:

- Rotherham's Housing Strategy 2022-25. - Priority 5 – Supporting People to Live Independently.

- Rotherham’s Health and Wellbeing Strategy - A Healthier Rotherham by 2025. Strategic Priority 2 - Promoting independence and self-management and increasing independence of care for all people.
- Integrated Care Partnership, Health and Social Care Place Plan. Priority - Transforming mental health services.
- The Council Plan 2022-25. – For people to be safe, healthy and live well and our focus on prevention, and working with partners to ensure that local people live in good physical and mental health for as long as possible.

The priorities of the Council and its partners are aligned with the guiding principles set out in the mental health recovery model (framework) that focuses on working with people to; identify their strengths, build resilience and offer support to regain control, recover, and to lead a life meaningful to them after experiencing a serious mental illness.

1.10 Current service provision for people living with mental ill-health:

The Council currently supports 325 people with a primary need of mental health. 220 people are below the state pensionable age of 67 years.

Service Type	Numbers of people accessing service type			Comment
	Under 67 years	+ 67 years	%	
Care Home	55	56	34%	Specialised
Home Care	29	23	16%	Non-specialised
Direct Payment	120	25	45%	People are purchasing non-specialised provision
Supported Living	7	1	2.5%	Specialised mental health recovery/majority out of Borough
Community Support	7		2%	Non-specialised
Extra Care	4		1.5%	Non-specialised
Total	220	105		

A review of provision indicates reliance on specialised care homes and non-specialised home care services. People who use their personal budget as a Direct Payment are accessing non-specialised services including regulated domiciliary care or services which are not able to demonstrate the relevant capacity and capability to support people who are living with mental ill-health.

There is a severe lack of provision aligned to the Mental Health Recovery Framework and a disproportioned number of people access the supported living option with the majority of this type of provision is accessed outside the Rotherham Borough.

Co-production sessions with practitioners in July/August 2022:

'Increasing the range of services which reflect the principles of the mental health recovery model will improve outcomes for service users' –Mental Health practitioner.

1.11 Supporting evidence:

An assessment of the Rotherham care and support market indicates it is out of step with the principles of the mental health recovery model. Arrangements made with providers are a result of what's available rather than presented as a choice of strength based, personalised social care options, which meet specified quality standards at agreed prices.

Consultation with Adult Care and Integration service indicates serious challenges to securing suitable care, support, and housing for individuals with enduring mental ill-health and representatives from the service attest that choice is restricted to specialist care homes and non-specialist home care. Services are commissioned which exceed the needs of the individual i.e., residential care rather than a community based service (supported living, floating support, day opportunities, preventative services or flexible support).

Co-production sessions with practitioners in July/August 2022:

'A Flexible Purchasing System which reflects the principles of the mental health recovery model would provide more assurance of the quality of provision' – Mental Health practitioner.

In July 2022 there were 28 people living with mental ill-health awaiting service to be sought with 20 of those require accommodation based solutions and four people are awaiting hospital discharge.

In October 2020, the results of an analysis of need for accommodation with support, for people with learning disability and/or autism and, people with severe mental illness over a 10 year period (2020-2030) indicated a minimum of 35 units of supported living were required for people living with mental ill-health (Campbell Tickell).

2. Key Issues

2.1 Limited market shaping activity:

The Rotherham Market Position Statement (2022) indicates a gap in service provision for people experiencing mental ill health and proposes a revised mental health social care pathway. A new service offer that includes a range of services which are designed in line with the principles of the Mental Health Recovery Model including accommodation based support is required.

- 2.2 Reliance on services which lack the mental health recovery approach:
There is a reliance on residential care with a disproportionately high number of people below the state retirement age who are living for long periods in this type of provision which is a cause for concern.

Co-production sessions with practitioners in July/August 2022 has highlighted a need for:

- *‘Services that can support people after discharge from hospital’.*
- *‘Managed peer support groups for support post hospital or to support independent living’.*

Responsive services:

- *‘More interim crisis support to help stabilise people’.*
- *‘A quick way for support to be reactivated for a period of time [when things deteriorate]’.*

Services which are available may fail to represent the best interests of Rotherham residents i.e., when people are placed in services outside the borough (residential care) because of the lack of provision capable of supporting people to rehabilitate and develop independent living skills.

- 2.3 Lack of preventative approaches:
Specialist organisations are defined as those whose remit is directed towards the relief by reason of disability and concern to a particular cohort i.e., mental ill-health and have capabilities suited to the needs of particular groups. A small number of specialist community mental health provision exists in Rotherham such services offer low level intervention below that required for people with assessed need under the Care Act 2014. Whilst these services have a key role in prevention and early intervention to support people to be sustained in the community in which they live, this market is small in scale and immature, with no formal support to sustain or develop them in line with the Council’s strategic priorities.

- 2.4 Non-competitive pricing:
There is a requirement for an established referral pathway to a range of readily available specialist care and support options at agreed prices to ensure prices are competitive and avoid prices being negotiated on an individual basis in pressured circumstances.

The Council faces significant financial challenges with a need to ensure cost effective and value for money services, but the current arrangements do not support this.

- 2.5 Lack of competition in the market:
A limited number of providers of mental health services exist in the Rotherham market. This has resulted in market dominance and nullified competition. Market engagement with incumbent providers to explore alternatives to traditional care and support models has traditionally not led to co-operation. This signals a

reliance on traditional models based on dependency which is not aligned to the Council's strategic direction of strength based approaches focusing on independence and choice.

2.6 Congested services:

There is a lack of cost-effective alternatives available to traditional forms of support for people with complex needs and who require mental health recovery support i.e., long, and short term supported living (24-hour services), floating support services. Short term flexible accommodation-based services are congested because community options of ongoing support are not readily available.

3. Options considered and recommended proposal

3.1 **Option 1 - Market Led Approach: Not Recommended**

Whilst developments undertaken by the market are welcome, this approach lacks competitive price control and co-ordination leading to high costs and a potential imbalance of provision in terms of supply/demand. This option would also promote the continuation of the current unsatisfactory situation with traditional models of care and support as opposed to mental health recovery principles being applied.

3.2 **Option 2 - Develop in-house provision: Not Recommended**

The Council do not currently provide any regulated mental health provision. The Council's Asset Team indicate that the Council does not have sufficient land resources to meet the development of supported living schemes highlighted by the NHS South Yorkshire ICB – 2022 Market Position Statement – Housing with support for people with learning disabilities and/or autism. This option would require increased capital outlay and revenue to support social care staffing deployment to meet the demand. This option is therefore not considered feasible and would undoubtedly result in delays in meeting existing demand.

3.3 **Recommended Option 3 – A procurement process to establish a Flexible Purchasing System:**

Undertake a procurement process to establish a Flexible Purchasing System (FPS) to procure a range of community services which reflect the principles of the Mental Health Recovery Framework to develop specialist provision in the Rotherham market. This option would achieve a range of high quality services of the required capacity, capability at competitive market prices.

It is proposed that the FPS is advertised with an indicative 5-year duration, the model will continue beyond this period if it remains fit for purpose. Organisations will be able to apply to join the FPS for as long as the model remains advertised.

3.4 Technical:

A FPS also referred to as a Pseudo Dynamic Purchasing System, is a procurement vehicle, which allows new Providers to join the agreement at any

time. This enables the Council to engage with a range of providers who meet the defined criteria in order to respond to individual needs and requirements.

3.5 Integration:

The intention is to arrange the contract in such a way which permits the South Yorkshire Integrated Care Board (ICB) to join the contract at a later date (subject to Strategic Director/Cabinet Member approval) to best meet the needs of people living with mental ill-health who transition between social care and health care and require consistent, collaborative and joined up approaches. This will generate a cohesive referral pathway to a range of readily available specialist care and support options at agreed prices and will be established in agreement across health and social care. In view of the system changes currently taking place it is proposed this be considered at a later date to avoid negative impact in achieving the Council's objectives.

4. Consultation on proposal

4.1 In line with commissioning good practice the development of the new co-produced mental health community service model has involved a range of internal and external stakeholders. With input via various interviews, workshops and focus groups it has been used to inform the content of the service specifications associated with the FPS.

A co-designed approach has been undertaken by engaging a range of committed stakeholders including people accessing services, their natural forms of support and professionals across health and social care systems.

4.2 The co-production timetable is detailed below:

Resource/host organisation	Key Stakeholders	Date	Target
Rotherham and Barnsley MIND	<ul style="list-style-type: none"> • People accessing formal and informal services living in the community • Unpaid Carers – natural forms of support for people living with mental ill-health • VCS organisations • Professionals (therapists) 	July – August 2022	80 – face to face 100 – survey online Soft research projects
Rotherham Show – MIND scoping views – via key questions	<ul style="list-style-type: none"> • People accessing formal and informal services living in the community • Unpaid Carers – natural forms of support for people living with mental ill-health 	September 2022	82 people

Absolute Advocacy Rotherham	People receiving acute service provision – RDASH NHS FT	July –2022	20 people Face to Face
Professionals RDASH/Rotherham MBC Mental Health Team/Brokerage Support Service	Professionals/practitioners supporting people who are living with mental ill-health and who are accessing formal services - living in the community	July – August 2022	

5. Timetable and Accountability for Implementing this Decision

- 5.1 Should Option 3 set out in this report be approved, it is intended that the FPS application process will commence in November 2022. Once the initial successful applicants are appointed the Council will be able to procure requirements via the system from early 2023.

6. Financial and Procurement Advice and Implications

- 6.1 The Council currently spends approximately £5.7m per annum to support people with a primary need of mental health (under 65).

	Gross Expenditure Budget 2022/23
Home Care	234,000
Care Homes	4,162,405
Direct Payments	1,112,800
Housing Related Support	136,762
Supported Living	52,529
Total	5,698,496

- 6.2 There is no new funding for developing the initiatives proposed in this report. The cost associated with community services (Lots) which are to be tendered on the FPS will be met within existing budgets currently set at £5.7m (2022-2023). The new services procured will provide alternative cost effective and appropriate options to those available currently. The referral to such services will be determined as a result of a review of each individual care package.

Cost efficiencies achieved will be utilised to develop new community services (Lots), tendered via the FPS and within the existing budget.

6.3 Supported Living – Residential Care cost comparison:

Soft market testing has been undertaken in order to estimate prices in the market for the supported living model of care. Analysis indicates costs compare favourably when compared to the residential care model.

The total weekly support cost in a Supported Living service are estimated at £1295.48 per week for an individual. This cost includes core costs plus 5 hours per day of 1:1 bespoke support hours. These costs are incurred on a temporary basis given the ethos of the service provided is to promote independent living. The service will reduce over a period of 1-3 years duration as independence is achieved.

The average cost of residential care for people living with mental ill-health £1,246 gross (2021/22) which are incurred on a long term basis. An analysis of 25 people under the age of 67 living in residential care indicates the time they have resided in residential care of between 4 to 19 years duration with the majority living there for in excess of 5 years.

Indicative supported living costs compare well and indicate cost efficiencies to be gained.

6.4 The services described in this report would be defined in the Public Contracts Regulations 2015 (as amended) (“the Regulations”) as Social and Other Specific Services (“SOSS”).

The indicative value of services to be procured via the FPS over the initial 5-year duration (£28,500,000 Net of VAT) is above the threshold for Social and Other Specific Services (SOSS) (£552,950 net of VAT) as defined in the Regulations; and as such a full procurement in compliance with the Regulations must be undertaken, however the Regulations recognise for such services a Light Touch Regime may be applied.

With the establishment of the FPS being undertaken in compliance with the Regulations, this will help to establish the call-off procedures for the delivery of requirement from those providers who have successfully been appointed to the FPS ensuring ongoing continued compliance with the Regulations and the Council’s own Financial and Procurement Procedure Rules.

7. Legal Advice and Implications

7.1 A flexible purchasing system (FPS) is a procedure available for contracts for works, services and goods commonly available on the market. The FPS is similar to a framework agreement but where new suppliers can apply to join at any time. It must be operated as a completely electronic process and is established in accordance with regulation 34 the Public Contracts Regulations 2015.

7.2 The FPS is a two-stage process. In the initial establishment stage, all suppliers which meet the selection criteria and are not excluded must be admitted to the FPS. Suppliers are permitted to apply to join the FPS at any time during the lifetime of the system. Individual contracts are awarded during the second stage, in which all suppliers on the FPS (or the relevant category/lot within the FPS) are

invited to bid for the specific contract. As such an individual contract is established in respect of each specific care service provided.

8. Human Resources Advice and Implications

8.1 There are no direct implications on internal HR resources.

9. Implications for Children and Young People and Vulnerable Adults

9.1 The new co-produced mental health community service model outlined in this report and the co-produced service specification will improve the service offer for adults living with mental ill-health and who are supported by the Council and health partners.

9.2 Whilst Children's and Young People Services are out of scope for the purpose of the service specification and the procurement exercise young people transitioning to adulthood will benefit from the proposals.

10. Equalities and Human Rights Advice and Implications

10.1 The proposals in this report support the Council to comply with legal obligations encompassed in the:

- Human Rights Act (1998), to treat everyone equally with fairness dignity and respect with a focus on those who are disadvantaged as a result of disability and
- Equality Act (2010) to legally protect people from discrimination in the wider society.

10.2 An equality screening and analysis has been undertaken to inform areas of improvement. The proposals in this report will improve equality of opportunity for people living with mental ill-health to be supported to live in the community and therefore contributes positively to the equalities and human rights agenda.

11. Implications for CO2 Emissions and Climate Change

11.1 The carbon impact assessment demonstrates that the recommendations in this report will have minimal impact.

12. Implications for Partners

12.1 In line with the integration agenda, the intention is to arrange the contract in such a way which permits the South Yorkshire Integrated Care Board (ICB) to join the contract at a later date. Collaborative discussions are currently taking place.

12.2 There is potentially an under-provision of care homes providing nursing care within the borough (Cordis Bright – Report on The Care Home Market – Strategic Analysis March 2021). It is essential that, in collaboration with our health colleagues this area of the market is supported to sustain and transform in line with other market developments.

13. Risks and Mitigation

13.1 Risk: DPS Framework for Supported Living has a poor market response

- Mitigation: Further market development, engagement, coproduction, research on specifications, costs, framework structure. A market engagement event took place in September signalling market interest.
- Comment: Interest to date via limited market engagement has been solid and positive.

13.2 Risk: New providers do not sustain the mental health recovery ethos and principles.

- Mitigation: Detailed mobilisation and ongoing development plan.
- Mitigation: Services will be clearly specified with the Council's expectations in respect of competency, capability and high standards. Robust arrangements will be in place to monitor service delivery and outcomes with associated performance targets and KPIs and enforcement action taken when providers deviate from the standards.

13.3 Risk: Publicity for any criminal or historic CQC findings linked to a new provider.

- Mitigation: Robust procurement criteria and due diligence that assess any historical and current performance issues and combined with effective performance and contract management.

14. Accountable Officers

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health.
Nathan Atkinson, Assistant Director, Strategic Commissioning, Adult Care, Housing and Public Health

Approvals obtained on behalf of Statutory Officers: -

	Named Officer	Date
Chief Executive	Sharon Kemp	03/10/22
Strategic Director of Finance & Customer Services (S.151 Officer)	Judith Badger	29/09/22
Assistant Director, Legal Services (Monitoring Officer)	Phillip Horsfield	29/09/22

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