

## ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1	<b>Meeting:</b>	Cabinet Member for Adult Social Care and Health
2	<b>Date:</b>	17 November 2014
3	<b>Title:</b>	Independent Mental Health Advocacy Service (IMHA) - 2015/16 Commissioning Intentions
4	<b>Directorate:</b>	Neighbourhoods and Adult Services

### 5. Summary:

- 5.1 The IMHA (Independent Mental Health Advocate) service was previously commissioned via a Primary Care Trust (PCT) competitive tender process in 2010 to cover the Rotherham and Doncaster area using special grant funding from the DH. Contract commencement was 1<sup>st</sup> October 2010 for 3 years with the option to extend to June 2015 subject to performance and quality.
- 5.2 The current combined envelope for the contract is £116,100.00, and the Rotherham commitment is £52,028.
- 5.3 The DH transferred IMHA Grant funding from NHS bodies to Local Authorities in April 2013. The former PCT contract was novated across to the Local Authorities (Rotherham and Doncaster) at that time, and Rotherham MBC took the commissioning role for the partnership. Following the extensions allowed, the current contract is due to end on 30<sup>th</sup> June 2015.
- 5.4 The Council will not receive confirmation from the DH that it intends to continue to fund this service in 2015/16 until December 2014, though there is a high likelihood that it will remain a priority for DH.
- 5.5 This paper explains the circumstances that relate to the IMHA service in paragraph 7, and outlines a number of critical actions to be taken before a tender can be progressed.
- 5.6 In consideration of these, this paper recommends an extension to the existing contract to 30<sup>th</sup> September 2015.

### 6. Recommendations

Cabinet Member is asked to:-

- **Note the content of the report.**
- **Approve the extension of contract by as detailed in 9.1 to 30<sup>th</sup> September 2015.**

## **7. Background**

### **7.1 Independent Mental Health Advocacy Service**

An IMHA (Independent Mental Health Advocate) is a specialist type of mental health advocate, granted specific roles and responsibilities to undertake duties under the Mental Health Act 1983, and funded through a DH special grant (Local Reform and Community Voices Grant). IMHAs help 'qualifying patients' understand the legal provisions to which they are subject under the Mental Health Act 1983, and the rights and safeguards to which they are entitled. Commissioning arrangements should, as far as possible, ensure that IMHA services are operationally independent of health and social care providers. IMHA activity is recorded on a DH database and reported independently to DH.

7.2 A contract for IMHA Services was first commissioned via a PCT competitive tender process in 2010, to cover the Rotherham and Doncaster area. The service was new in 2010, and uptake and awareness has developed slowly over the period of the contract. Contract commencement was 1<sup>st</sup> October 2010 for 3 years with the option to extend for a further 1 year and 9 months, subject to performance and quality.

7.3 IMHA funding was transferred from Rotherham PCT and Doncaster PCT in April 2013, and the contract was novated to Rotherham MBC, which assumed the lead commissioning role. Following the extensions allowed, the contract is due to end on 30<sup>th</sup> June 2015.

7.4 There was a delay in commencing re-tender of this service due to the need to establish funding continuation and partner funding intentions, and also to identify the responsible body for commissioning of IMHA services at secure mental health units including Wathwood Hospital, which is in the Rotherham borough.

7.5 The Performance and Contracting Team at Nottinghamshire Health Care confirmed in September that they will commission IMHA services at Wathwood Hospital as part of their regional specification for MH secure units.

7.6 Since 2013 the Commissioning Team has monitored the IMHA service, provided by Cloverleaf:

- Over 3 years the IMHA service in Rotherham has seen a rise in the number of IMHA referrals, and this was reflected in an increased allocation by DH from April 2013.
- Referrals to the Doncaster service follow a similar pattern.
- There is capacity within the contract to respond to non-statutory advocacy requests, and the ratio of activity is 90% IMHA referrals, to 10% generic mental health advocacy referrals.
- Better Care Fund principles, embedded in the Rotherham submission in September 2014, require the Council and RCCG to take into account the mental health needs of people using services: to make services available for people presenting to NHS services in emergencies, and to ensure that

services which support people with mental health problems are protected. The current IMHA service is well placed to measure the impact of the BCF reforms on mental health service users and to give a valuable independent view on the transition to new arrangements.

- The current provider is of the view that the IMHA service provides a valuable bridge to advocacy access for ‘non-qualifying’ patients who might otherwise receive no independent advocacy support.
- The current service is highly valued by customers and well regarded by the Mental Health Trust (Rotherham and Doncaster NHS Foundation Trust, which is the main referral source.
- It is expected that funding specific to this service will be available from DH in future years but this will not be confirmed until December 2014. Doncaster MBC are unable to commit to tender a new service until this time.
- RMBC Commissioners are reviewing the need for both IMCA (Independent Mental Capacity Advocacy) and IMHA services following the ‘DoLS Supreme Court Judgement in March 2014 and will need to tailor future provision to meet the increased demand.

### **Summary of IMHA Activity (Rotherham)**

	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014 to date</b>
<b>Referrals</b>	300	314	342	415

## **8. Considerations**

- 8.1 The existing IMHA contract expires in June 2015. Best practice requires us to give reasonable notice of our commissioning intentions, as the service provides a specialist function and requires trained and qualified personnel.

Before the service can be re-commissioned the following will be considered:

- Need to confirm strategic and financial commitment by DH to this service – by December 2014.
- Analysis of the current and projected IMHA activity and general mental health advocacy activity across the whole health and social care community and in the context of the Better Care Fund Action Plan and the Care Act implementation - and the principles of “parity of “esteem”; and “no health without mental health”.
- The feasibility of amalgamating neighbouring IMHA services, including those that deliver to low/medium/secure services and specialist hospitals to create a sub-regional service.
- The need to reconfigure local services based on the emerging picture of increased need.

## **9. Recommendation**

9.1 Cabinet Member to formally waive Council Financial Regulations and allow extension of the current IMHA contract for a period of 3 months from 1<sup>st</sup> July 2015 to 30<sup>th</sup> September 2015. This would allow a full 12 month commissioning exercise:

- Analysis of current provision (need/demand/gaps analysis) and factor in the requirements of the Better Care Fund Work Programme
- Joint work on establishing need with Rotherham CCG and other partners.
- Consider options for amalgamation of provision sub-regionally – using existing mental health commissioning networks.
- Benchmarking of activity and demand with other LAs.
- Formal and in-depth consultation with service users
- Complete Equality Analysis
- Development of revised and enhanced service specifications
- Tender process – PQQ, ITT, Evaluations.

9.2 It is recognised that commissioning through partnership arrangements with other LAs or health partners, and/or commissioning for highly specialist or complex services can extend the procurement time by 3-6 months. We need to work with Rotherham CCG; the Mental Health Trust; Doncaster MBC; and Doncaster CCG to optimise the service specification and allow for a good response to tender.

9.3 The timescale for this work will be around 12 months.

## **10. Finance**

10.1 The cost of the block contract is £106,412.60 with an overall envelope allowing the purchase of additional activity up to £116,100 p.a.. The Council contribution is £52,028.

10.2 The Council receives income from the DH: Local Reform and Community Voices Grant for this service; and receives income from Doncaster MBC of £54,384.60 - £64,072.00 p.a. depending on the need to pay for additional activity.

10.3 The Council needs to seek confirmation that the funding will be available from DH and that Doncaster are committed to work in partnership commit to fund its element of service in a refreshed Memorandum of Agreement.

## **11. Risks and Uncertainties**

11.1 Failure to deliver IMHA services effectively will leave the Council in breach of its current statutory duty to provide formal and specialist advice to people detained under MHA 1983.

11.2 Failure to provide effective specialist mental health advocacy services that align with the BCF Work Programme may lead to failure to achieve published outcomes.

11.3 Failure to provide effective specialist mental health advocacy services during transition to the Care Act will leave the Council in breach of its future statutory duties.

11.4 Failure to appropriately procure services, with formal approval from Cabinet Member to waive, will breach the Council Financial Regulations and Standing Orders.

## **12. Policy and Performance Agenda Implications**

Services contribute to the Corporate Plan:

- CP4 Helping people to improve their health and wellbeing and reducing inequalities within the borough.
- CP2 Protecting our most vulnerable people and families, enabling them to maximise their independence.

They are also linked to the following Council Strategies:

- Health and Wellbeing Strategy
- Better Care Fund Action Plan
- Care Act Implementation

## **13. Background Papers and Consultation**

Contract Information can be viewed on request.

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