

Single Member Cabinet Decision

Executive
Forward Plan
Reference

E3270

Specialist Mental Health Care and Support for Adults (18-64)

Decision maker/s	Cllr Rob Appleyard, Cabinet Member for Adult Services
The Issue	Request for approval of the proposed commissioning of specialist services for adults with complex mental ill health aged 18-64 years.
Decision Date	Not before 13 March 2021
The decision	<p>The Cabinet Member agrees that;</p> <p>1.1 The proposed commissioning arrangements of the following specialist services for adults with complex mental ill health aged 18-64 should be made, with regard to:</p> <p>(1) Independence at home services (home / domiciliary care, outreach, floating support)</p> <p>(2) Supported living (any scheme where housing, support and sometimes care services are provided as an integrated package)</p> <p>(3) Specialist residential care homes</p> <p>1.2 Any annual decision-making regarding funding arrangements for this commission will be delegated to the Director of Adult Social Care.</p>
Rationale for decision	<p>This approach will achieve a flexible, and outcomes-focussed system where people can move seamlessly along a pathway to independent living and reduce cost.</p> <p>The desired outcomes for people are those as agreed by the B&NES Mental Health Collaborative:</p> <ul style="list-style-type: none">• Outcome 1: Individuals with mental health needs are better able to manage their lives, are more resilient, and more engaged with their communities• Outcome 2: Individuals with mental health needs are engaged in meaningful activities, courses, volunteering and work / work like opportunities which match their skills, interests and lifestyles

- Outcome 3: Individuals with mental health needs feel safe and secure at home and in their community
- Outcome 4: More people are aware of, and receive, their right and entitlements as individuals detailed under the Family, Friends and Carer's and Mental Health & Wellbeing Charter

Commissioning a Consortium will create cooperation between providers and commissioners with a mutual obligation to act in a way that is 'best for people' and not necessarily best for individual organisations only. By having a single Agreement, all parties will work to the same outcomes and will be committed to the same success measures.

The benefits of the proposed approach for people are:

- Better, seamless, care and support – people will be able to move from 1 type of support to another with ease, retaining continuity of support
- Better client choice, closer to home through utilising all in-area capacity and by growing what we need
- A whole system approach will improve outcomes and experiences for people and their families, friends and carers – through thinking about what the whole of the system needs and thinking holistically about people's lives
- A reduction in the cost of care

The benefits for our providers are:

- A positive and strategic relationship with the Council and CCG where we design solutions together
- Financial stability through agreed and understood demand analysis (including future demand) and guaranteed volume of work
- Flexibility to work collaboratively with each other as no 1 provider holds the entire pathway of services

The benefits for the Council and CCG are:

- Delivering Council savings and ensuring better value for money
- Good supplier relationship management – we want to ensure good market management to ensure the best standards of care and support for people in B&NES
- Robust, agreed and fit for purpose contractual arrangements and good evidence of impact

Financial and budget implications	<p>The estimated value of the contract for financial year 2021/22 is £471,574, based on arrangements being in place for the final 8 months of the year.</p> <p>Using the estimated value of new packages over the full 12 months (£707,361), and a recommended contract length of 7 (+3) years, the contract value for new packages is estimated to be £4,951,527, rising to £7,073,610 over the full 10 years (if demand remains as is).</p> <p>This is not new or additional spend, and indeed the procurement will save £73,325 in 21/22 on anticipated spend. Further savings will be achieved as we move existing packages into the new model.</p>
Issues considered	<p>Social Inclusion; Customer Focus; Young People; Equality (age, race, disability, religion/belief, gender, sexual orientation); Human Rights; Corporate.</p>
Consultation undertaken	<p>Cabinet colleagues; Staff; Other B&NES Services; Service Users; Stakeholders/Partners; Other Public Sector Bodies; Section 151 Finance Officer; Chief Executive; Monitoring Officer</p>
How consultation was carried out	<p>The following parties have been consulted in preparing this report:</p> <ul style="list-style-type: none"> • Councillor Rob Appleyard, Cabinet Member for Adult Services, who raised the following points, which have been reflected in the reports: <ul style="list-style-type: none"> ○ There is an advantage to taking a single focus and we must look to manage the service to ensure best standards ○ We must reduce out of area provision as far as possible ○ We must ensure that the risks and rewards are clearly articulated ○ We must ensure that we can accommodate any increase in demand and build in capacity for when it is needed • Andy Rothery, Director Finance (S151 Officer) • Michael Hewitt, Director – Legal and Democratic (Monitoring Officer) • Touchpoint Working Group which includes colleagues from commissioning, data team, finance, Legal, Communications, Virgin Care, AWP and children’s and adult’s social care. • Council’s Contracts Panel - members raised the following points, which have all been amended / added to the proposed procurement: <ul style="list-style-type: none"> ○ This work will need to be properly managed and resourced from the appropriate functions across the

Council

- Add agreement of contract management arrangements to the outputs for Phase 1
- Need to consider appropriate contract length and how we manage any risks around non-delivery during the lifetime of the contract using break clauses, performance management and recovery planning
- Add who the lead commissioner is for the arrangement on behalf of Council and CCG (given the health funded Section 117 element of these packages)
- Be as clear as possible on the financial envelope for this project
- Council's Strategic Leadership Team – members raised the following points, which have all been reflected in the reports:
 - Further work is needed to provide clarity on the governance arrangements for a consortium and this will need to be considered and agreed by the appropriate governance processes prior to new contractual arrangements in Phase 2
 - We must consider how to assess and set out the risks to the commission over the whole timeframe of Phase 1 and Phase 2
 - We must ensure that our most vulnerable young people are considered and supported appropriately and in accordance with our Corporate Parent responsibilities
- Senior Managers
 - Debbie Forward, Senior Commissioning Manager, Specialist Commissioning, B&NES Council & BSW CCG
 - Lesley Hutchinson, Director of Adult Social Care, Complex and Specialist Commissioning, B&NES Council
 - Corinne Edwards, B&NES Chief Operating Officer, NHS BSW CCG
- People with lived experience & carer representatives

We have engaged with patient and carer representatives throughout the Touchpoint Projects to date and will continue to do so as we move into procurement, during the Design phase of the Consortium and beyond.

People with lived experience and carers have had an opportunity to comment on the Project Initiation Documents and the draft specification for the proposed procurement. These have been shared and we have amended accordingly.

	<ul style="list-style-type: none"> • Provider Market <p>Soft market testing and engagement with the provider market locally has been undertaken, with several providers showing great enthusiasm and dedication to working with us to get this right. Approaches are also being made to national providers who do not currently have a local presence to ensure a breadth of engagement and to encourage a healthy marketplace.</p> <p>We want to improve how we engage stakeholders, so they become partners in how we design, commission and deliver services. We do this by planning for co-production for all pieces of work within the specialist commissioning team.</p>
<p>Other options considered</p>	<ol style="list-style-type: none"> 1. Do nothing. We have rejected this option because to take no course of action would mean we cannot achieve value for money; our contractual arrangements will remain unfit for purpose; pathways of care and support for people with mental ill health are unlikely to improve; and we will not be able to work with partners to create the shape of services needed in B&NES now and in the future. 2. Procure through a block and / or framework contractual arrangement. We have rejected this option on the grounds that nothing substantial is likely to change for people, for providers or for the Council and CCG if we take a standard procurement approach. Our analysis shows that putting a framework in place for independence at home services will create a cost pressure for the local authority. We believe we need to do something different, in partnership with our providers, to achieve better outcomes in the long-term and our soft market testing with local and national providers indicate that they wish to take the approach we are recommending.
<p>Declaration of interest by Cabinet Member(s) for decision:</p>	<p>None</p>
<p>Any conflict of interest declared by anyone who is consulted by a Member taking the decision:</p>	
<p>Name and Signature of Decision Maker/s</p>	

Date of Signature	
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Subject to Call-in until 5 Working days have elapsed following publication of the decision
