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Commissioning Officer

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Report of: Jayne Ludlam
Report to: Cabinet
Date of Decision: December 12th 2018
Subject: Mental Health Recovery Service Framework

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| Is this a Key Decision? If Yes, reason Key Decision:- | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Expenditure and/or savings over £500,000 | | <input checked="" type="checkbox"/> | | |
| - Affects 2 or more Wards | | <input type="checkbox"/> | | |
| Which Cabinet Member Portfolio does this relate to? Chris Peace | | | | |
| Which Scrutiny and Policy Development Committee does this relate to? Healthier Communities and Adult Social Care | | | | |
| Has an Equality Impact Assessment (EIA) been undertaken? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| If YES, what EIA reference number has it been given? 361 | | | | |
| Does the report contain confidential or exempt information? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |

Purpose of Report:

Members are asked to approve the re-commissioning of the mental health recovery service framework.

The Council has a statutory duty meet the social care needs relating to Sheffield residents with mental health difficulties and who are assessed as having Care Act eligible needs. The framework seeks to do this in a manner that is recovery focussed and outcome based.

Recommendations:

That Cabinet approves the re-commissioning of the mental health recovery service framework in 2019.

That Cabinet delegates authority to the Director of Finance and Commercial Services who in consultation with the Director of Legal and Governance will take all necessary steps to negotiate, agree terms of framework contracts and related contracts that will be entered with successful tenderers to facilitate re-commissioning of mental health recovery services.

Background Papers:**Consultation paper**

| Lead Officer to complete:- | |
|---|--|
| 1 | I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required. |
| | Finance: Karen Hesketh |
| | Legal: Marcia McFarlane |
| | Equalities: Ed Sexton |
| <i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i> | |
| 2 | EMT member who approved submission: Jayne Ludlam |
| 3 | Cabinet Member consulted: Cllr Chris Peace |
| 4 | I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1. |
| | Lead Officer Name: Dave Luck |
| | Job Title: Commissioning Officer |

Date: 12/12/2018

1. PROPOSAL

Cabinet is asked to approve the re-commissioning of the mental health recovery service framework. The Council has a statutory duty to meet the social care needs of Sheffield residents with mental health difficulties and who are assessed as having Care Act 2014 eligible needs. The recovery framework seeks to do this in a manner that is recovery focussed and outcome based.

This social care provision does not seek to **treat** people's mental health needs as this is the responsibility of health services, rather it seeks to support people to function well and live fulfilling lives with the aim of the person living independently without social care provision.

People who are assessed as having eligible social care needs by Sheffield Health and Social Care Foundation Trust (SHSC) have a right to choose between receiving a council arranged service or arranging their own care via a Direct Payment.

The recovery framework was introduced in September 2015 as the mechanism by which the Council delivers council arranged social care relating to people's mental health needs. The framework had a number of key features:

- Approved providers agreed to deliver services city wide
- Approved providers agree to use the Recovery Star model through which they work collaboratively with those they are supporting to identify outcomes towards that persons recovery. Star data is then used by social care development staff in SHSC to review needs annually
- A set market rate for one to one costs to reduce inequality of rate across the market, including the Direct Payment rate.

At present the Council supports approximately 320 people through council arranged services and a further 260 via Direct Payments at an annual cost of approximately £3.5 million. The average package size is approximately £6000.

The purpose of the commissioned activity is to provide support that assists an individual to progress their mental health recovery. The recovery model aims to help people with mental health problems to look beyond mere survival and existence. It encourages them to move forward, set new goals and do things and develop relationships that give their lives meaning.

This involves meeting agreed individual outcomes which assist people to build up the skills, abilities, confidences, support networks and community activities to achieve greater independence/interdependence.

It is intended that support will be delivered in such a way that the need for longer term funded support will be reduced or removed.

The framework provides an alternative to supporting people, who are in intensive and, high cost services such as residential care. The aim of this service is to enable people to continue towards greater independence in a community setting where they have their own tenancy.

Key Objectives:

The outcomes that need to be achieved are:

- Clients are satisfied that the support they receive enables them to recover a life that has hope, meaning and purpose.
- Clients have access to support, that is appropriate, delivered in a timely manner and responds to fluctuating needs
- Clients meet the Recovery goals set out in the Support Plans that they have co-created
- Clients are able to live interdependently within the community with appropriate support [accommodation, employment, social integration)
- Clients are able to reduce their need/use of health and social care services

Framework providers offer services through Individual Service Funds (ISF's) whereby their personal budget is managed by the framework provider.

The council contracted with four providers to deliver the framework in 2015 – these were Rethink, SHSC (provider arm), Sheffield MIND and South Yorkshire Housing Association (SYHA). These contracts were for an initial three year period.

Market changes in the last three years.

In 2017 SHSC decided to cease providing services through the framework. Alternative providers were sourced for service users with the majority transferring to the remaining three providers. At the same time two large providers of Direct Payments also exited the market, placing increased volumes of work on to the framework providers and other Direct Payment providers. To provide market stability the framework contracts were extended a further year to the end of August 2019 at which point new arrangements will need to be put in place.

The knock on effects of the changes in 2017 has meant that the additional work taken on by existing providers has reduced their capacity to take on new clients. Through a recommissioning of the Recovery Framework officers believe that market forces will help to increase capacity and the breadth of the market place. Officers are seeking to act proactively, to enable this to happen earlier in 2019 if required to ensure

stability in the market.

At present all framework providers operate within a limited market rate of £17.95 per hour for standard care. Commissioners wish to increase the number of framework providers to increase market capacity. This *may* (subject to further testing as part of a recommissioning process) include the introduction of bands whereby providers on a higher band are only offered packages if those on a lower priced band do not have capacity to provide services.

Officers believe the current approach has been successful in embedding an outcomes focus to delivery and are seeking permission to recommission on the same basis. Data from the Recovery Star indicates a consistent improvement in service users' outcome scores.

2. HOW DOES THIS DECISION CONTRIBUTE?

The proposal contributes to the Council's ambition to deliver better health and well-being, supporting people to be independent, safe and well in their communities through person centred support delivered flexibly to meet their needs.

This proposal encourages the use of provider services which improve people's health people able to engage in employment. Using an ethical approach to our procurement the successful providers will employ local people who are paid the living wage. This in turn improves the local economy.

3. HAS THERE BEEN ANY CONSULTATION?

The introduction of the framework in 2015 included consultation with service users, practitioners and providers. This highlighted the need for support to be creative, flexible and have clear goals.

Re-commissioning of the framework was discussed with 'experts through experience', who sit on the Mental Health Service Improvement Forum. Since proposals in this report will not bring about changes to services, the manner in which services will be provided, the range of services that will be available to service users or any other significant service area, then these proposals do not require further consultation beyond those undertaken in 2015; this recommissioning is substantially similar to that which occurred in 2015.

The framework is based on a collaborative approach where there will be engagement with service users to determine how their needs will be met with support reviewed annually.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

- 4.1.1 The basis of the framework is that support is offered to those with eligible social care needs. Re-commissioning the framework will ensure that the council can continue to provide effective support to some of the most marginalised and vulnerable citizens of Sheffield.

Re-commissioning the mental health recovery service framework enables the Council to discharge legal responsibilities under the Public Sector Equality Duty (PSED) (as set out in the Equality Act 2010). The PSED requires public bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations, in respect of people who share protected characteristics and those who do not. Key objectives of the recovery service framework, for example to promote access to accommodation, employment and social integration, are consistent with the provisions of the PSED.

The aim of the framework is to enable people to live fulfilling lives overcoming discrimination and disadvantage arising from their mental health condition. The average age of those receiving services is 47 years old. The recovery ethos of the framework seeks to enable people to be an active part of the communities, for example living in their own tenancy or engaging in volunteering or training that could lead to future employment. The heart of the service is that people are not written off as a result of their mental health condition and can be supported to fulfil their potential.

Analysis of current service users show that 81% are white (80% white British), which is in line with Council community knowledge profiles, which indicate that 19% of the population are from BME communities.

7% of service users were from black backgrounds. Of these 4% were designated as 'Black Caribbean' - this compares to 1% of the Sheffield population. The over-representation of this community in mental health system is widely recognised and is one of the elements being considered under the Governments review of the Mental Health Act.

5% of service were from Asian communities, the most common of which was 'Asian or Asian British Pakistani' which accounted for 3% of service users - this relates to 4% of the Sheffield population

3% of people were categorised as from mixed backgrounds.

Race was not captured in 3% of cases.

SHSC has a transcultural team, which works with its recovery teams to ensure practice is culturally appropriate.

4.2 Financial and Commercial Implications

4.2.1 The current cost in scope is approximately £3.5 million per year of which the Recovery framework and Direct Payments are funded. Demand for recovery services is managed through the assessment and care management processes organised and commissioned jointly between Sheffield Council and Sheffield Clinical Commissioning Group. The costs are part of the councils' Mental Health Care Purchasing Budget. This budget is a part of the Council's risk share with the Sheffield Clinical Commissioning Group and SHSC through the Better Care Fund.

4.3 Legal Implications

4.3.1 The Care Act 2014 sets out legal obligations that are placed on those organising or providing care with person-centred care and support planning being one of the key obligations.

Local authorities have a duty to provide social care to those who meet the eligibility criteria described under the Care Act 2014. In addition to person-centred care and support planning, Local authorities are under legal obligations to:

- provide or arrange services that help prevent people developing need for care and support or will delay people deteriorating so as to need ongoing care and support; and
- provide a range of good quality services that gives people more control to make personalised choices and get better care that works for them, with assessments that focus on outcomes, wellbeing, and considers how mainstream services or community resources can contribute to those outcomes.

Due regard must be given to these Care Act 2014 obligations when undertaking procurement and contracting processes.

Procurement must be undertaken in accordance with the Public Contracts Regulations 2015 with Commercial Services providing advice and support on procurement including processes, procedures and compliance with the Council's Standing Orders.

Providers, who demonstrate the required suitability for the framework, will be required to enter formal written contracts with the Council; such contracts will stipulate the required standards of the Council, relevant statutory bodies and law to ensure effective and lawful service delivery. There are no State Aid implications.

Section 111 of the Local Government Act 1972 gives local authorities

have the power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions. This includes entering contracts and other agreements.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 The council does not have the option to decide not to provide social care services. Alternative options would be to:

- Enter into a block contract with a provider or providers as was the case prior to 2015. This has the advantage of fixing costs but is not outcome focussed and can act as a disincentive for a provider to progress people beyond services
- Cease to provide personalised packages of care and return to a more generic 'day centre' model. Officers do not believe that such a model would enable individuals to make progress towards recovery and such a model goes against the ethos of person centred care.
- Continue to provide personalised packages but without an outcomes based model. Such an approach would remove the means to ensure that support goes beyond maintenance and aims towards a measurable focus on recovery.
- To utilise the Home care and Learning Disability frameworks, however these providers are CQC registered and work with much bigger packages of care. They also do not use the mental health recovery star which drives the outcome based contract.
- Bringing these services back 'in house'. This would involve creating a new service or a significant increase in existing community re-enablement services within SCC. Such a service would enable greater controls of referrals, exits and cost management, by creating a block arrangement. However, the creation (or increase in existing services) required to deliver such provision 'in house' would result in the loss of market flexibility, innovation and competitive pricing. This offer does not currently exist but could be developed through specialist training. .

6. REASONS FOR RECOMMENDATIONS

6.1 Officers believe the stated approach remains the most effective approach to meet the Council's statutory duties in a way that promotes recovery

