

Report to: SINGLE COMMISSIONING BOARD

Date: 22 June 2017

Officer of Single Commissioning Board Clare Watson, Director of Commissioning

Subject: TENDER FOR THE PROVISION OF SPECIALIST MENTAL HEALTH SUPPORTED ACCOMMODATION FOR ADULTS WITH COMPLEX MENTAL HEALTH NEEDS

Report Summary: The report is seeking authorisation to re-tender the service in line with the timeframe in **Appendix 1**.

Recommendations : That permission to re-tender is granted.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	£ 0.698 million gross CCG budget £ 0.172 million contribution via TMBC towards gross contract value.
CCG or TMBC Budget Allocation	CCG & TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Body
Value For Money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark Comparisons	Tender exercise with a ceiling for incoming bids will ensure the 10% saving currently made non recurrently in 2017/2018 will become recurrent.
Additional Comments The tender process is welcomed as efficiencies and savings have been found for the 2017/2018 financial year. The tender process will ensure that these savings are delivered on a recurrent basis.	

Legal Implications:
(Authorised by the Borough Solicitor)

Members need to decide whether this is a service they wish / need to continue to provide and if so the terms set out in the report is acceptable.



How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well and Working Well programmes for action

How do proposals align with Locality Plan?

The service is consistent with the following priority transformation programmes:

- Enabling self-care;
- Locality-based services;
- Planned care services.

How do proposals align with the Commissioning Strategy?	The service contributes to the Commissioning Strategy by: <ul style="list-style-type: none"> • Empowering citizens and communities • Commission for the ‘whole person’ • Create a proactive and holistic population health system
Recommendations / views of the Professional Reference Group:	The Professional Reference Group has recommended that permission to re-tender is granted.
Public and Patient Implications:	None
Quality Implications:	The retender and service delivery will meet National quality requirements as set out in the NHS standard contract and locally defined quality requirements to measure the outcomes set out in the service specification. The quality requirements will be reported quarterly and also include a summary of <ul style="list-style-type: none"> • Activity • Complaints and compliments and • Incidents, accidents and safeguarding • General service information Applicable CQUIN goals will be indented in the NHS Standard Contract Particulars, Service Specification
How do the proposals help to reduce health inequalities?	Via Healthy Tameside, Supportive Tameside and Safe Tameside
What are the Equality and Diversity implications?	The proposal will not affect protected characteristic group(s) within the Equality Act. The service will be available to Adults with a mental health need regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/ civil and partnership.
What are the safeguarding implications?	None
What are the Information Governance implications? Has a privacy impact assessment been conducted?	The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.
Risk Management:	There are no anticipated financial risks, however, there may be other risk considerations should the tenants not receive the support – including access to 24-hour support – they require to live safely.
Access to Information :	The background papers relating to this report can be inspected by contacting Pat McKelvey  Telephone: 07792 060411  e-mail: pat.mckelvey@nhs.net

1 INTRODUCTION

- 1.1 The current contract for the delivery of supported accommodation for adults with complex mental health needs is delivered by Richmond Fellowship.
- 1.2 The contract commenced 1 June 2014 following a restricted tender exercise and was 1 of 2 lots tendered at this time. The contract was awarded for a term of 3 years with the option to extend for a further 2 years. Under NHS standard contract technical guidance the contract was extended once from 1 April 2017 to 31 March 2018.
- 1.3 The contract currently delivers mental health recovery focussed support as required 24 hours a day 365 days a year to individuals living in their own home in three properties across the borough. Each of the properties is provided by a registered social landlord who work with the support provider and individuals to ensure tenancies are able to be maintained. The accommodation and tenancies are as follows;
 - Boston Bank, 73 Mottram Road, Hyde SK14 2NR comprised of 5 self-contained flats with a communal areas for women only.
 - Boothdale Lodge, 91/93 Manchester Rd, Audenshaw M34 5PZ comprised of 4 self-contained flats and 10 rooms with shared communal facilities.
 - Maple House, Lilly Street, Hyde SK14 5QS comprised of 12 self-contained flats with communal areas.
- 1.4 The overall service is delivered on an outcome model based on the principles of recovery and rehabilitation. The Service facilitates opportunities for individuals to engage in purposeful activity, develop and improve life skills, inclusion within the community and ensure a pathway to recovery that increases independence and a move on to more independent living.
- 1.5 The service re-tender will continue to commission the delivery of the outcomes above with a continued emphasis on promoting independence pathways that supports people to remain in the community and reduces the need for hospital admission or residential placements.

2. CONTRACTING PROPOSAL

- 2.1 Consideration is given to re-tender the service in order to ensure continued delivery to a vulnerable client group as detailed in the service specification **Appendix 2**.

3. VALUE FOR MONEY

- 3.1 The annual value in 2017/2018 is £698,529. This is a reduction, negotiated with the provider, from £766,142.
- 3.2 Comparable costs have been made to similar services across Greater Manchester. The current annual value for this service not only demonstrates value for money against other authorities but delivers a quality service with positive outcomes for individuals. The current weekly rate per tenant for this service is approximately £420 compared to £799 in another GM authority.
- 3.3 Tameside MBC finance have been asked for support to undertake a review of current costs and to establish a cost of service model going forward that will meet best value, is sustainable for the market when we go out to tender and will meet the outcomes in the specification. This will be done prior to the tender being released.

4. OTHER ALTERNATIVES CONSIDERED

4.1 There is the need for this service in terms of continuing to support the step down of a highly vulnerable group of individuals who are moving from in-patient care into community living. The support is required to avoid hospital admissions and expensive residential placements.

4.2 Consideration has been given to not re-tender the service however a number of local and national drivers indicate the need for this types of service as follows;

- The Joint Commissioning Panel for Mental Health Guidance for commissioners of rehabilitation services for people with complex mental health needs (November 2016) states that people with mental health problems need good quality housing and appropriate support to facilitate their recovery and improve their ability to manage independent living in the future. People with mental health conditions are twice as likely as those without to be unhappy with their housing and mental ill health is frequently cited as a reason for tenancy breakdown. Housing problems often contribute to the stresses that lead to relapse of mental health problems and admission to hospital and lack of availability of suitably supported accommodation often contributes to delayed discharges. A national survey of inpatient rehabilitation services found that 14% of people were ready for discharge but awaiting a vacancy in suitable supported accommodation. The provision of supported housing is therefore an important factor in enabling the social inclusion of this group.
- The Tameside Joint Strategic Needs Analysis (JSNA) 2015/16 states amongst people with mental health problems, there has been a recent increase in those people in settled accommodation in Tameside. Local figures are now much higher than the average across the North West and England. The JSNA states that settled accommodation has implications for health and wellbeing and enhances the quality of life for people with care and support needs, by ensuring people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.
- Since taking over the contract the current provider, Richmond Fellowship, has moved the service from a static model into one that supports rehabilitation. All residents have a clear move-on plan and Richmond Fellowship has achieved their targets to support people to move on in line with their plan.
- Richmond Fellowship have changed the population of the accommodations by 93 %, supporting Tameside and & Glossop residents out of lengthy admissions in CCG funded Mental Health rehabilitation placements and preventing admission to Mental health rehabilitation placements. The remaining 7% of tenants are legacy residents who have been in the service since 1994 and plans are now in place to support those individuals to move on to more suitable accommodation and support.
- This demonstrates the value and need for a supported accommodation service that reduces the need for costly in-patient and residential placements.

5. IMPLICATION IF THE SERVICE IS NOT RE-COMMISSIONED

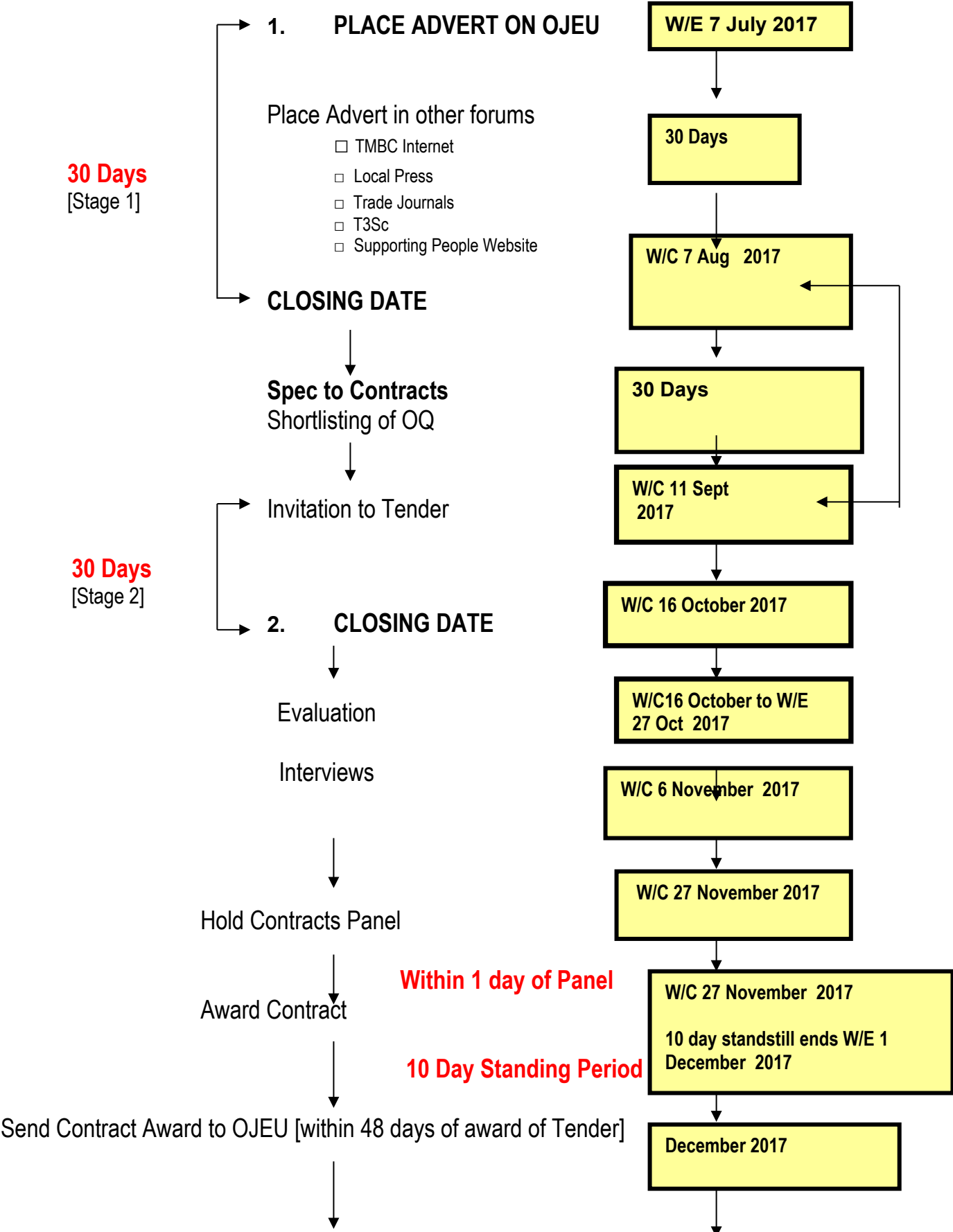
5.1 Individuals accessing the service (93% in total) are subject to Section 117 After care, all have been in hospital under Section 3 or 37 of the MHA, the CCG along with the local authority have statutory responsibility to provide this aftercare.

6. RECOMMENDATION

6.1 As stated on the report cover.

RESTRICTED TENDER EXERCISE [OJEU]

CONTRACT FOR: Specialist Mental Health Supported Accommodation



Prepare for Contract Start

3 Month Period

CONTRACT COMMENCEMENT DATE

1 April 2018

Appendix 2**Service Specification**

Service	Specialist Mental Health Supported Accommodation for adults with complex mental health needs
Commissioner Lead	NHS Tameside and Glossop CCG
Provider Lead	
Period	1 April 2018 to 31 March 2021
Date of Review	31 March 2019

<p>1. Population Needs</p> <p>1.1 National/local context and evidence base</p> <p>The Joint Commissioning Panel for Mental Health Guidance for commissioners of rehabilitation services for people with complex mental health needs (November 2016) states that people with mental health problems need good quality housing and appropriate support to facilitate their recovery and improve their ability to manage independent living in the future. People with mental health conditions are twice as likely as those without to be unhappy with their housing and mental ill health is frequently cited as a reason for tenancy breakdown. Housing problems often contribute to the stresses that lead to relapse of mental health problems and admission to hospital, and lack of availability of suitably supported accommodation often contributes to delayed discharges. A national survey of inpatient rehabilitation services found that 14% of people were ready for discharge but awaiting a vacancy in suitable supported accommodation. The provision of supported housing is therefore an important factor in enabling the social inclusion of this group.</p> <p>Local Tameside & Glossop context</p> <p>The Tameside Joint Strategic Needs Analysis (JSNA) 2015/16 states amongst people with mental health problems, there has been a recent increase in those people in settled accommodation in Tameside. Local figures are now much higher than the average across the North West and England.</p> <p>The JSNA states that settled accommodation has implications for health and wellbeing and enhances the quality of life for people with care and support needs, by ensuring people are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation. The nature of accommodation for people with mental illness/learning disabilities has a strong impact on their safety and overall quality of life and the risk of social exclusion. Living on their own or with the family is intended to describe arrangements where the individual has security of tenure or appropriate stability of residence in their <i>usual</i> accommodation in the medium to long-term, or is part of a household with tenure/residency. Supported accommodation is included within this scope.</p>

2. Outcomes															
<p>2.1 <u>NHS Outcomes Framework Domains & Indicators</u></p> <table border="1"> <tr> <td>Domain 1</td> <td>Preventing people from dying prematurely</td> <td>x</td> </tr> <tr> <td>Domain 2</td> <td>Enhancing quality of life for people with long-term conditions</td> <td>x</td> </tr> <tr> <td>Domain 3</td> <td>Helping people to recover from episodes of ill-health or following injury</td> <td>x</td> </tr> <tr> <td>Domain 4</td> <td>Ensuring people have a positive experience of care</td> <td>x</td> </tr> <tr> <td>Domain 5</td> <td>Treating and caring for people in safe environment and protecting them from avoidable harm</td> <td>x</td> </tr> </table> <p>2.2 Local defined outcomes</p> <ol style="list-style-type: none"> 1. Improved physical and mental wellbeing evidenced through use of Routine Outcomes Measures (to be agreed) 2. Reduction in admissions to acute settings evidenced through pre and post placement numbers of attendances at A&E and MH in-patient admissions 3. Reduction in time spent in acute settings evidenced through a pre and post placement MH in-patient bed days 4. Empower individuals to recognise triggers and develop coping strategies to enable them to manage symptoms evidenced through use of Routine Outcomes Measures (to be agreed) 5. Support individuals with required skills to enable them to live independently and manage a tenancy in the future as evidenced by progress against integrated care plans with clear shared person centred goals and whilst achieving planned discharge dates 6. Support individuals to develop interests and take part in meaningful activity as defined by taking steps towards developing employability skills through meaningful occupation, which gives a sense of purpose, promoting learning and development, along with improving confidence and self-worth as evidenced through use of Routine Outcomes Measures (to be agreed). Employment in this context constitutes paid or unpaid employment, apprenticeships, volunteering, training, education, taking part in a work programme or accessing the Provider's Service User Involvement Initiatives. <p>Something about risk (Ann wanted to add something here)</p>	Domain 1	Preventing people from dying prematurely	x	Domain 2	Enhancing quality of life for people with long-term conditions	x	Domain 3	Helping people to recover from episodes of ill-health or following injury	x	Domain 4	Ensuring people have a positive experience of care	x	Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x
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3. Scope															
<p>3.1 Aims and objectives of service</p> <ul style="list-style-type: none"> • The provider will work in close partnership with services and service users to develop and deliver a single integrated person centred care plan. • The Provider will deliver access to 24 hour personalised, mental health expert support to 32 service users across a number of premises within the Borough of Tameside. • The Provider will promote and improve overall quality of life, taking into account the wishes and expectations of each individual, supporting people to maintain stable tenancies by encouraging independence, confidence and well-being. • The Provider will deliver an outcome model based on the principles of recovery and rehabilitation. The Provider will therefore facilitate opportunities for individuals to engage in purposeful activity, develop and improve life skills, social inclusion within the community and ensure a pathway to recovery that increases independence and 															

a move on to more independent living.

- The Provider will support service users' rights and access to advocacy services and peer support services
- The Provider will support positive risk taking that is personally meaningful and reflects the lifestyles, skills and aspirations of individuals receiving support.
- The Provider will have a flexible and innovative approach to service delivery. This will allow continued delivery where there is a change in Service User needs and/or demand from the Commissioners.
- The delivery of supported accommodation will consist of a combination of housing and support services. This will allow service users the right to occupy his/her own tenancy. The Provider will be required to work in partnership with the Landlord of the premises to ensure service users comply with the terms and conditions of their tenancy. The Provider will also undertake some housing management functions as required in partnership with the Landlord and where appropriate enter into any management agreement required.
- The Provider will involve service users and their families/carers where appropriate in developing individualised care plans the planning of their individual service and future developments in provision.
- The Provider will deliver the service in order to meet the needs of a diverse population. This will include in particular those who may have a dual diagnosis of substance misuse and mental health needs, physical health needs and those from BAME communities.
- The provider will encourage all service users to utilise advocacy services.

3.2 Service description/care pathway

The Specialist Mental Health Supported Accommodation for adults with complex mental health needs provides specialist support to enable the recovery of people whose complex needs cannot be met by other supported accommodation services. The service works with people to help them acquire or regain the skills and confidence to live successfully in the community.

The service focuses on addressing and minimising the symptoms and functional impairment that people may have, with an emphasis on achieving as much individual autonomy and independence as possible. This includes optimal management of symptoms, promotion of activities of daily living and meaningful occupation, screening for physical health problems and promoting healthy living, and providing support and evidence based interventions to support carers.

The service adopts a 'recovery' approach that values service users as partners in a collaborative relationship with staff to identify and work towards personalised goals. The concept of recovery encompasses the values of hope, agency, opportunity and inclusion, themes that resonate well with the aims of mental health rehabilitation.

As services users often have co-morbid physical health problems close liaison with primary care services and, where appropriate, secondary care medical services is expected.

Referrals to the service are managed by a representative of the CCG.

The provider will, through appropriately trained and competent staff and a multi-disciplinary approach to working, deliver a service that also supports individual recovery and 24 hour active rehabilitation to allow for the step down into community living. There is an expectation that this will occur within a maximum time frame of twenty four months.

The service will have suitably qualified RMNs within the service responsible for leading a

recovery and rehabilitation approach across all aspects of service delivery.

3.3 Population covered

People with severe and enduring mental illness, for whom Tameside and Glossop Clinical Commissioning Group are the Responsible Commissioner, who require ongoing mental health specialist rehab and supported accommodation.

3.4 Any acceptance and exclusion criteria and thresholds

The Specialist Mental Health Supported Accommodation for adults with complex mental health needs service is a 24 hour service providing support to males and females aged 18 to 65 years of age who are the responsibility of Tameside and Glossop CCG and have a diagnosis of severe and enduring mental illness.

Service users must have a CPN/Care Co-ordinator from secondary mental health services/ CMHT in order to access the supported accommodation.

The length of stay at the accommodation is up to 2 years however in certain cases a longer stay may be required to support the service users' recovery journey. In such cases the length of stay can be negotiated, however this should be highlighted at the referral stage.

3.5 Interdependence with other services/providers

The provider will work in partnership with the service users GP, Pennine Care NHS Trust Community Mental Health Teams, other health, social care and voluntary sector services. This will include close working with acute mental health wards and step down accommodation providers.

The provider will be an active partner within the local Health and Well-being College, supporting the delivery of relevant courses and facilitating service users to engage in the college as students and volunteers.

4. Applicable Service Standards

In delivery of the service the provider should operate in line with the following policies.

The Principles of Recovery (Centre for Mental Health)

- In mental health, 'recovery' means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.
- Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing beyond a person's mental health problems, recognising and fostering their abilities, interests and dreams. Mental illness and social attitudes to mental illness often impose limits on people experiencing ill health. Recovery is about looking beyond those limits to help people achieve their own goals and aspirations.
- There is a strong link between the recovery process and social inclusion. A key role for services will be to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery.
- Users of mental health services have identified three key principles:
 - the continuing presence of hope that it is possible to pursue one's personal goals and ambitions
 - the need to maintain a sense of control over one's life and one's symptoms
 - the importance of having the opportunity to build a life 'beyond illness'
- In order to underpin these principles, Providers will deliver a service that supports

service users on their journey of recovery to include:

- fostering good relationships
- financial security
- satisfying work
- personal growth
- the right living environment
- development of cultural perspectives
- developing resilience to possible adversity or stress in the future
- empowerment

No Health without Mental Health (published by the Department of Health in February 2011), this strategy sets out six shared objectives to improve the mental health and wellbeing of the nation:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

National quality requirements as set out in the NHS Standard Contract and locally defined quality requirements set out below to measure the outcomes set out in section 2.2 of this service specification. Services will measure outcomes using Routine Outcome Measures and Patient Reported Outcome Measures as appropriate and as agreed with the commissioner..

KPI	Local outcome	Quality requirement	Threshold
1	2.2.1	Service users are supported to take responsibility for their own physical health based on needs assessed in an annual physical health check as reported through Routine Outcome Measures	100%
2	2.2.4	Service users are supported to recognize triggers and develop coping strategies to manage mental health symptoms as reported through a Patient Reported Outcome Experience Measure	100%
3	2.2.5	Service users have achieved the goals identified in their integrated care plans against agreed targets relating to activities of daily living as reported through a Patient Reported Outcome Experience Measure	100%
4	2.2.6	Service users have achieved the goals identified in their integrated care plans against agreed targets relating to meaningful activity as reported	100%

		through a Patient Reported Outcome Experience Measure	
5	All	Service users will have a single integrated person centered care plan that has been developed in close partnership with services and service users which is reviewed quarterly.	100%

The quality requirements will be reported quarterly and also include a summary of

- Activity which will include:
 - Number of admissions to A&E relating to MH to be reported by number of people and number of admissions. The service provider will provide some narrative to support the activity information. (local outcome 2.2.2)
 - Number of inpatient admissions and length of stay to be reported by number of people and number of admission. The service provider will provide some narrative to support the activity information. (local outcome 2.2.3)
- Complaints and compliments
- Incidents, accidents and safeguarding
- General service information

5.2 Applicable CQUIN goals (See Schedule 4D)

To be developed with service provider.

6. Location of Provider Premises

The Provider's Premises are located at:

Boston Bank, 73 Mottram Road, Hyde SK14 2NR comprised of 5 self-contained flats with a communal areas for women only.

Boothdale Lodge, 91/93 Manchester Rd, Audenshaw M34 5PZ comprised of 4 self-contained flats and 11 rooms with shared communal facilities.

Maple House, Lilly Street, Hyde SK14 5QS comprised of 12 self-contained flats with communal areas.