

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 20 June 2018

**Officer of Single Commissioning Board** Stephanie Butterworth, Director of Adult Services

**Subject:** **MENTAL HEALTH COMMUNITY BASED SERVICES**

**Report Summary:** The report is seeking authorisation for approval to be given under Procurement Standing Order F1.3 to extend the above contract by two years from 1 April 2019 to 31 March 2021 where this is provided for within the terms of the contract.

The report outlines the service being provided, indicates the redesign work completed in partnership, and indicates the outcomes being achieved with people with mental health problems thereby making the case to extend the current contract as allowed in the existing agreement.

**Recommendations:** The Board are RECOMMENDED TO APPROVE a contract extension for two years from April 2019.

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

<b>ICF Funding Stream:</b>	Section 75
<b>Decision Required by:</b>	Strategic Commissioning Board
<b>Organisation and Directorate:</b>	TMBC – Adult Services
<b>Budget - £'000</b>	157
<b>Comments</b> The Council's medium term financial planning assumptions for this contract includes estimated inflationary increases due to proposed increases in the National Living Wage. This inflationary provision will be considered within the negotiation of contract values for the two year extension period.	

**Legal Implications:**  
(Authorised by the Borough Solicitor)

F1 of the Council's Procurement Standing Orders applies in this instance. Where there is current provision in a contract for extension this must be approved. This is to ensure contracts are not rolled over without proper consideration of whether still necessary strategically, meeting necessary aims, still represent value for money, whether they can be undertaken more cost effectively by same provider if extended and whether performance adequate etc.

**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:

- Empowering citizens and communities
- Commission for the 'whole person'
- Create a proactive and holistic population health system

**Recommendations / views of the Professional Reference Group:**

Reported directly to the Strategic Commissioning Board.

**Public and Patient Implications:**

None

**Quality Implications:**

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness

**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 individuals not receive the support in their recovery journey which may result in relapse and the need for a step up in services such as inpatient admission.

**Access to Information :**

The background papers relating to this report can be inspected by contacting Sue Hogan by:



Telephone: 0161 342 2890



e-mail: [sue.hogan@tameside.gov.uk](mailto:sue.hogan@tameside.gov.uk)

# **1 BACKGROUND**

- 1.1 Following a competitive tender process in 2015, Turning Point was awarded the contract to deliver a community recovery service.
- 1.2 The contract commenced 1 April 2016 for a period of three years. There is an option to extend this contract for a further two years, subject to approval and negotiation between the parties to 31 March 2021.
- 1.3 The service is available to people receiving mental health services under the Care Act Eligibility Guidance in that:
  - Each person has eligible needs;
  - Each person is ordinarily resident in the borough of Tameside.
- 1.4 The delivery of a recovery-focussed community support service remains integral to the effective functioning of the Community Mental Health Teams (CMHT) and to the support provided to people with severe and enduring mental health issues.
- 1.5 The aims of the service are to provide community-based support for people recovering from mental ill-health through the delivery of a model based on the principles of recovery and rehabilitation that enables individuals to move through the service to independence.
- 1.6 These aims are delivered through partnership working with individuals, care co-ordinators and other stakeholders, to facilitate planned interventions and actively promote social inclusion for each person in a variety of ways that includes, but is not restricted to:
  - Promoting access to training, employment, welfare benefits, voluntary activity and mainstream opportunities in the community and beyond where appropriate
  - Encouraging and empowering people to make their own informed decisions
  - Maintaining the provision of support in times of crisis and stress
  - Offering routes to leisure and social activities that promote social interaction and stimulation.
- 1.7 Performance management of the contract has focused on the delivery of outcomes and best practice in demonstrating a recovery and rehabilitation model. The provider, in collaboration with commissioners has worked to demonstrate that individuals are receiving an appropriate level of support, achieving outcomes in terms of their recovery journey and the right approach to enable individuals to move on from the service.
- 1.8 At the initial outset of the contract, the provider identified blockages in delivering a recovery model in that a considerable number of individuals were only accessing the service for medication prompts. To deliver this and ensure medication call times were met across the whole borough, a considerable amount of staff resource was required on a rota from 7am to 10pm. This freed up little time for recovery work within the remaining resource allocated to the service. In addition, on speaking to people accessing the medication calls, those individuals themselves reported they were tied into waiting for staff calls throughout the day, restricting their daily life and a number also felt they could be independent in this area. Turning Point have therefore worked in partnership with all parties including CMHTs to support individuals to safely and successfully manage their own medication administration. From the initial twenty people who required medication prompts, at end of year reporting for 2017, there are now just four people accessing support.
- 1.9 In realising the release of this resource, Turning Point has developed the service with a number of peer led and other support groups including allotment, walking, cook and eat, IT, benefits advice and understanding depression amongst others. In addition Turning Point

has supported two people who accessed the service to become active volunteers with one person moving into paid employment with the organisation.

- 1.10 The detail in clause 1.8 and 1.9 demonstrates the ability of the provider to work effectively and creatively in meeting the outcomes of the contract.

## **2 PROCUREMENT STANDING ORDER SEEKING TO WAIVE / AUTHORISATION TO PROCEED**

- 2.1 Authorisation required under Procurement Standing Orders F1.3 to extend the contract for two years where there is provision to do so.

## **3 VALUE OF CONTRACT**

- 3.1 As part of the procurement exercise for the award of this contract, service redesign was considered that gave more emphasis on how it would fit alongside the CMHT's in-house community support worker capability. The main emphasis of the redesign was to have a service that had an even more enhanced emphasis on wherever possible, supporting individuals out of the service in a safe and timely manner.
- 3.2 The redesign also took into consideration budgetary pressures and a saving of £80,000 on the contract price at that time. The maximum first year budget available from 1 April 2016 was £160,000 per annum. Turning Point tendered a price of £157,342 and has delivered at this cost for the financial year 2016/17 and 2017/18 and with no inflationary increase in 2018/19. The indication is that Turning Point will require an uplift for inflation in 2019/2020 given they have held the price for the current three year period – this will be negotiated in conjunction with the Finance

## **4 GROUNDS UPON WHICH WAIVER/AUTHORISATION TO PROCEED SOUGHT**

- 4.1 Following a competitive tender process in 2015 Turning Point was awarded the contract.
- 4.2 The contract was for a period of three years with an option to extend for a further two years.
- 4.3 Performance monitoring of the service has been positive and Turning Point engage well with the commissioners.
- 4.4 Since the contract commenced there has been no inflationary increase.

## **5. REASONS WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED:**

- 5.1 All service users have been assessed as having eligible needs as defined in the Care Act 2014 or may be subject to Section 117 aftercare. Failure to provide the service would therefore put service users at risk and may increase the numbers who relapse on their recovery journey requiring higher level support services.

## **6 RECOMMENDATIONS**

- 6.1 As set out on the front of the report.