

SHEFFIELD CITY COUNCIL

OFFICER EXECUTIVE DECISION RECORD (Non Key)

The following decision was taken on 13 February 2020 by the Director of Commissioning, Inclusion and Learning.

Date notified to all members:

Officer Non-Key decisions are not subject to call-in.

1. TITLE

Recommissioning of a range of prevention and supported accommodation services for people with mental ill health

2. DECISION TAKEN

- a) Approve the procurement process to re-commission a range of psychological and outreach support and accommodation based support services for people with mental ill health, in line with the details as set out in this report, and thereafter to award the contracts.
- b) Approve the extension of 3 of the current contracts at the current contract price and terms and conditions in order to align all the contracts, enabling a single procurement process to take place as detailed in this report
- c) To approve the extension of the floating support service with Adullam until 2nd October 2020 within the terms of the current contract.

3. Reasons For Decision

The Council currently commissions four preventative and supported accommodation services for people with mental ill health issues and a psychology service to support staff working with people with complex needs alongside some therapeutic interventions for women with a history of trauma. Five services in total.

The contracts all end on various dates in 2020. This decision approves the recommissioning of five services and aligns the dates of current contracts to enable a single commissioning process to take place within the same timeline.

There has been a 40% increase in people with mental health issues referred to secondary mental health services in Sheffield in the last two years. Both demand and acuity of need has increased in the community prevention services.

Without these services people will deteriorate and pressure will increase even more on statutory mental health services.

The services will provide:

- Two accommodation based services that aids step down from residential care / hospital and also provide an alternative to residential care for this client group and provides greater choice and control for people with mental ill health.
- An assertive prevention service of visiting support that will sit between early help and formal social care. It will be flexible and work with people with common mental health disorders (some also with drug and alcohol issues) to prevent them from needing social care.
- A dispersed accommodation service working in much the same way as the prevention service will provide an option for people who need accommodation
- A Psychology Service to provide reflective practice and support for staff across the housing support services to enable them to work effectively in a trauma informed way as acuity of need is rising across all client groups and staff require support to understand the impact of trauma and to help improve outcomes for clients. The Therapy side of the service will help women feel more able to understand the impact of past trauma and to develop coping strategies which have improved day to day functioning now and potentially for the future.

Full details of the commission can be found in the non key delegated decision form 2a.

The option recommended is the most cost effective option that targets the right level of support to the right customers. It strikes a balance of retaining services in buildings which are modern and suitable for providing a step down service and an enhanced assertive outreach service focussed on prevention to help meet challenges of increased demand and acuity of need.

It recognises the need for a consistent approach across the city to people with complex needs and challenging behaviours, and it fills a gap in direct therapy services for women who cannot and do not access general therapy that is available for people. This service has positive long term impacts on service users and service providers.

It provides primary and secondary prevention services for people with common mental health issues and a safe home which enables people who have been in long term hospital or residential care to recover and learn the skills for independent living.

4. Alternatives Considered And Rejected

Close one of the accommodation based services and retain all the prevention and dispersed (apart from the transitional landlord services). This would result in immediate pressure on residential care at a much higher costs. The two services are funded on a block purchase to enable and ensure cover. As the costs of running the service remains the same regardless of the number of occupants, reducing small numbers in these services is not an option. Closing the building near to the city centre would result in a saving of £157,000 a year but would move a pressure of £550,000 to care purchasing. Closing the building in the south east of the city would result in saving £160,000 a year but would move a pressure of

£638,800 to care purchasing. We know that need for these services is increasing in line with the population statistics above.

End the psychology service. This service is supporting both vulnerable excluded clients who would otherwise not access therapy support, and the staff supporting them. Staff retention and skills to support clients with complex needs are key components of any consultation undertaken with service users. The service has shown positive outcomes working with very vulnerable people. We believe that we can readjust other services to retain this valuable service.

Commission the services as they are configured now with the same resources going into each. This is not a sustainable option as providers are already suffering a staff retention issue in the accommodation based services due to deflated wages.

Insource the delivery of the services. The Council does not own the accommodation required to provide the services and it would not be available to the Council to utilise this. There are no similar services in house and it is likely that the cost would be higher to provide in house.

5. Documents used in making decision:

6.1 Any conflict of interest declared by any Executive Member who is consulted by the Officer when making the decision

6.2 Any dispensation granted by the Head of Paid Service

7. Respective Director Responsible for Implementation

Executive Director, People Services