



Authors of Report: Jane Smith and Rachel Woollen,
Commissioning Officers

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Report of: Executive Director, People Services
Report to: Cooperative Executive
Date of Decision: 20th April 2022
Subject: Mental Health Independence and Support Framework
Commissioning

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 checked="" type="checkbox"/>		
Which Cabinet Member Portfolio does this relate to? Executive Member for Health and Social Care				
Which Scrutiny and Policy Development Committee does this relate to? Health and 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? 1165				
Does the report contain confidential or exempt information?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Purpose of Report:

This report sets out a recommissioning and creation of a new Mental Health Independence and Support Framework. There is no legal end date for the current contract; however, the contract has now been in place for four years and recommissioning at this point will allow for changes to be made to support a more sustainable service going forward. The Mental Health Recovery Framework, as it is currently commissioned, is a small framework of providers working with community-based clients who have been assessed as having unmet eligible needs due to their

mental health condition and require Adult Social Care support to meet those needs. The Council is legally required to ensure eligible needs are met under the Care Act 2014.

Recommendation:

The Cooperative Executive:

1. Approves the creation and re-commissioning of a new Mental Health Independence and Support Framework, as set out in this report.
2. Delegates authority to the Executive Director of People, in consultation with Director of Finance and Commercial Services, where there is no existing authority, to take all necessary steps to negotiate, agree terms of framework contracts that will be entered into with successful tenderers and thereafter to award such contracts.
3. Delegates authority to the Executive Director of People, in consultation with Director of Finance and Commercial Services, where there is no existing authority to take such steps to meet the aims and objectives as set out in this report.

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: Ann Hardy
	Legal: Henry Watmough-Cownie
	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: John Macilwraith
3	Cabinet Member consulted: Councillor George Lindars-Hammond
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: Sam Martin
	Job Title: Head of Commissioning

Date: 5 April 2022

MENTAL HEALTH INDEPENDENCE AND SUPPORT FRAMEWORK COMMISSIONING

1. PROPOSAL

1.1 Introduction and context

- 1.1.1 The Mental Health Recovery Framework, as it is currently commissioned, is a small framework of providers working with over 300 community-based clients who have been assessed as having unmet eligible needs due to their mental health condition and require Adult Social Care support to meet those needs.
- 1.1.2 The Council is legally required to ensure eligible needs are met under the Care Act 2014.
- 1.1.3 There is no legal end date for the current contract; however, the contract has now been in place for four years and recommissioning at this point will allow for changes to be made to support a more sustainable service going forward.
- 1.1.4 A large provider has recently exited the framework leaving an already fragile market vulnerable. Remaining providers on the framework have limited capacity to sustain the demand for Adult Social Care Mental Health support in the city. These providers do not have the ability to offer all levels of services required or the ability to expand to meet current demand.
- 1.1.5 Locally, demand for community mental health support has exceeded current provision, leaving some delays for individuals to receive support, and increasing the need for direct payment arrangements that are not always suitable.

1.1 Proposal

- 1.1.1 The proposal is to recommission a mental health framework that will allow people with eligible social care needs to receive support in a timely manner, and will offer a diverse range of support services in the city.
- 1.1.2 A thorough service review and consultation with all stakeholders in the city identified several key changes to the existing model. It is therefore proposed to commission an **Independence and Support Framework** for those with eligible needs due to their mental health, with two levels:
 - 1.1.3 ***Level 1: Targeted help – help when it is needed (crisis and short-term reablement)***
 - 1.1.3.1 This level of support is for two kinds of people:
 - **People who require short term intervention and support to regain lost life skills**, potentially due to a change in life events leading to having a period of poor mental health and eligible social care needs. The aim of this

reablement level of service is to move people from the care system as soon as possible without them becoming entrenched in long-term services.

- **Individuals who are in crisis and where their social care needs are unmet.** This need can be met by short term reablement helping to create some initial stability and security.

1.1.3.2 An example of eligible needs for both kinds of individual could include help with cleaning, shopping, payment of bills, and accessing the community. The regaining of these skills will allow an individual to live with some quality to their life before considering further interventions to support their independence.

1.1.3.3 In this level of service, there would be an aim of a planned discharge within 12 months, although a person could remain in this category for a maximum of 24 months with a view to discharge or move to the second commissioned level, Ongoing Care. The statutory duty for reviews to be undertaken annually would remain.

1.1.4 ***Level 2: Ongoing Care – helping people to live their lives as independently as possible***

1.1.4.1 This level of support is for two kinds of people:

- **Medium/long-term support for clients who need continued support to live independently.** These clients may have been through level 1's support offer, but found they still need support; or they may have other eligible social care needs and are willing to participate in focussed support to engage with their outcome goals to address their eligible needs.
- **Long-term support for clients who are assessed as needing support to maintain their mental health and stay well, potentially to meet their basic needs.** At support planning and review, outcome goal setting and discussion of increased independence should always be considered, but some people may need support for a long period of time – sometimes for their whole life.

1.1.5 Interrogation of the data available about the current framework has demonstrated that most clients in receipt of this kind of support have been supported for two or more years; some have had support for 5 years+. Based on current figures and estimates, 20% of clients would be in level 1 and 80% would be in level 2. With targeted support the aim would be that 20% would be discharged before the need for level 2. By capturing people at the start of the journey and offering intense support to regain life skills, they may therefore no longer require long-term support, and we will have acted preventatively.

1.1.6 However, it is important to be clear that support will continue for existing service users and will only be revised – if appropriate and in line with the Care Act – following annual review.

- 1.1.7 Support will be provided in blocks of 12 months with annual reviews to assess further need. The support may be to meet any number of eligible needs and the number of hours may vary greatly. This support could be in the individual's own home, in supported accommodation, or somewhere else.
- 1.1.8 A significant finding in the consultation carried out during the development of the new service model was that the concept of 'recovery' caused significant stress and confusion for many people, as the term can mean many different things. The expectation that someone can recover can add uncertainty and pressure on the individual. A more appropriate approach is to support individuals to develop ways of living with their mental health condition. This level of support is to enable individuals to feel confident that the support is there without a constant pressure to achieve a level of recovery determined by set outcome measures – although the aim would always be for some to achieve good outcomes and no longer require support.

1.2 Key milestones

- 1.2.1 The following are likely key milestones:

Co-operative Executive meeting	20 April 2022
Service Specification completed	April/May 2022
Invitation to Tender issued	June 2022
Contract Award	July/August 2022
Contract Go Live	November 2022

2. HOW DOES THIS DECISION CONTRIBUTE?

- 2.1 As part of this recommissioning proposal the Council aspires to achieve a number of outcomes for Sheffield people, which are outlined in section 6 of this report. These outcomes are very much aligned with the vision of Sheffield's [new Adult Social Care Strategy](#), 'Living the life you want to live', which was agreed by the Cooperative Executive in March 2022.
- 2.2 Comparisons have been made with what other local authorities provide for this cohort both locally and nationally. Through the discussions had it became apparent that the service offered in Sheffield was of a high quality, meeting all legal requirements as part of the Care Act. Sheffield services have a community focus allowing individuals to remain in their own homes and neighbourhoods. In other areas mental health support was delivered through either a short-term enablement or residential care and supported living. There did not seem to be a community focus. This proposal will build on the high-quality offer that is already available to Sheffield people.
- 2.3 The aim of this proposed procurement is that new and smaller provider services will be encouraged to engage with the contract. The current service providers have not had the capacity to offer support to those from BAME communities. The intended contract will allow for smaller specific organisations to tender, which will have a positive impact on local communities.

2.4 Aside from the general impact on communities of those with eligible needs being well supported, public health officers have advised that this contract has no wider wellbeing impacts as providers can only provide a service for those service users referred to them. All areas of wellbeing for referred service users are set out in the Support Plan and will be reinforced by the required use of an outcome measure to ensure quality standards.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 The local Sheffield arm of Rethink, a national mental health charity, were commissioned to undertake a stakeholder consultation, in which a survey was developed with a group of Experts by Experience and distributed to existing providers to share with the current users of their service.

3.2 A series of interviews and discussion groups were also held with stakeholders involved, which included:

- Service Users.
- Experts by Experience.
- Community Mental Health Teams.
- Single Point of Access.
- Social Care Development Team.
- Sheffield City Council.
- Direct Payment providers.
- The four current framework providers.

3.3 As a result of the interviews and discussions, the following were identified as key areas for consideration:

- Flexibility of support.
- Managing finances/ISFs.
- Use of The Recovery Star.
- Support Planning.
- Sub-contracting.
- Standard and Enhanced Care.

3.4 Additionally, people were asked about what changes they would like to see made in the future, which have been summarised below:

- Remove use of the Recovery Star for measuring personal goals/outcomes.
- Change the support planning process with support plans being written by staff within Sheffield Health and Social Care Trust (SHSC).

- Ensure the referral and assessment process is simplified.
- Ensure support plans are simple with clearly defined goals.
- Explore different models of care.
- Change the way service providers are funded/change finance arrangements.
- Include a more diverse, inclusive, and flexible range of support on offer.
- Ensure closer working relationships between SHSC staff and framework providers.
- Change the name from 'Recovery Framework'.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Key Risks

4.1.1 There are a few risks associated with this procurement, as with any procurement exercise:

- 4.1.1.1 Current providers may not accept the proposed hourly rate and withdraw from the market, with two potential impacts: a) not enough support available for those who need it; b) providers insist on providing the service at an increased budget that the Council cannot afford.
- 4.1.1.2 New providers may not join the framework, and therefore the framework will not have increased capacity or diversity of provision.
- 4.1.1.3 Potential disruption to service users who may need to move to a new provider, with the risk of a corresponding impact on their mental health and wellbeing.
- 4.1.1.4 Social work teams responsible for ensuring suitable assessment and review processes are over-stretched and undergoing significant organisational change, which may have an impact on the smooth running of the service's pathways.
- 4.1.1.5 Due to the nature of current mental health social work arrangements, it has been difficult to obtain completely accurate data about the current framework. There is therefore a small risk that calculations around future costs and demand will need to be amended.

4.1.2 A risk log is being maintained as part of this commissioning exercise.

4.2 Equality of Opportunity Implications

4.2.1 An Equalities Impact Assessment (EIA) has been completed alongside an action plan. The EIA will be reviewed on a regular basis.

4.2.2 Re-commissioning the service should have a positive impact across all protected groups and particularly on disabled people with mental health problems. Potential providers will be asked, in their tender response, to demonstrate how they will

create a Diversity Plan, how their staffing and training reflects this process, and their ability to work with other organisations and resources to bring in specific services.

4.2.3 To ensure that all protected groups (e.g. BAME communities, people with physical disabilities, sensory impairment or learning disabilities, and lesbian, gay, bisexual and transgender people) are able to access and benefit from the service equitably, the contract holder will be asked to develop an action plan on how the new service will meet the diversity needs of the clients referred to them.

4.2.4 The proposal is an active example of the Council's obligations under the Public Sector Equality Duty to have due regard to the need to reduce inequality between people sharing a protected characteristic (in this instance, mental ill health as a category of disability) and those who do not, namely to:

- Eliminate discrimination, harassment and victimisation.
- Advance equality of opportunity, and,
- Foster good relations.

4.2.5 Moreover, there are further inequalities and intersectionalities within the broad remit of mental health itself that the framework will need to consider. For example, as cited in the Commission for Equality in Mental Health report, 2020:

- People within black and African-Caribbean communities may be more likely to experience post-traumatic stress disorder, schizophrenia and suicide risk, and to be sectioned under the Mental Health Act.
- Women are significantly more likely to experience physical or sexual abuse and associated mental health problems.
- LGBTQ+ people are more likely to face mental ill health but have lower IAPT recovery rates.
- People with autism and deaf people are much more likely to experience poor mental health.
- There are strong associations between mental ill health and children and adults living in higher deprivation areas (and similar lower IAPT recovery rates).
- People over the age of 65 may be less likely to be recognized as needing therapy support.

4.3 Financial and Commercial Implications

4.3.1 The current financial envelope for Mental Health Purchasing budgets 22/23 is £14.7m. This is made up of SCC funds, client contributions, CCG contributions and other income. This pays for all types of support for Mental Health services. For the

reprovision to be acceptable it needs, along with other Mental Health services commissioned by the Council, to keep costs within this budget envelope.

- 4.3.2 Over the last three years, expenditure specifically on the framework has averaged £1.4m a year. (A further £3.3m a year on average was spent on direct payments.)
- 4.3.3 Detailed analysis has been carried out into potential service costings. It is estimated that the recommissioning will deliver a small financial saving, but this has not been included in 22/23's budget and is dependent on a number of factors, not least the continued rise in demand (number of people), acuity (amount of support people need) and costs for mental health support (including increase in inflation and wage growth).
- 4.3.4 It is proposed to procure a five-year contract for the new service to deliver the best possible outcomes with break clauses at years 3 and 4 to enable contract flexibility to meet changing demands. The annual contract price will be £1.4m per year; however, this is subject to slight change as the service is demand led. Providers will be invited to tender for one, or both, of the two levels described in section 1 of this report.
- 4.3.5 It is recommended that the contract will be awarded following a two-stage open tender, governed by the Light Touch Regime (LTR), in line with public contracting regulations and Sheffield City Council standing orders. We intend to contract using Sheffield City Council standard terms and conditions. The tender will be split into 2 Lots. Bidders will be allowed to apply for more than one of these lots. Successful bidders will be awarded a place on the framework, based on a quality and social value split (90% Quality, 10% Social Value). Due to the prices being fixed for each lot, there will be no evaluation criteria on price. Bids will be evaluated by Mental Health Commissioning colleagues, facilitated by Commercial Services Colleagues. Several providers can be successful to join the framework – there will not be just one successful bidder. All information on the re-opening of the framework will be clearly outlined in the tender documentation which will be published on Mercell.
- 4.3.6 The intention is to re-open the framework on an annual basis; however, if the requirement is not there this option will not apply. All successful bidders that have gained access to the framework will have an equal opportunity to pick up packages based upon the needs assessments of the clients.
- 4.3.7 The current framework has a range of hourly rates, which creates a disparity between the lowest and highest rates. This has had a significant impact on client contributions. It is planned to address this through setting a standard market rate. A soft market test was carried out to test this planned change.
- 4.3.8 The specification and evaluation process will take into account the need to ensure that any change of provider will not result in a loss or reduction of service for clients who have asked the Council to arrange services on their behalf.

4.4 Legal Implications

4.4.1 The Local Authority has a wide range of duties relating to assessing and meeting the care and support needs of adults and their carers, following implementation of the Care Act 2014. Under sections 2(1)(a) and (b) of the Act the authority must provide or arrange for the provision of services, facilities, or resources, or take other steps which it considers will contribute towards preventing or delaying the development of adults in its area.

4.4.2 The procurement process and any contract awards must be undertaken in accordance with all relevant provisions of the Public Contract Regulations 2015 and the Council's Constitution including its Contracts Standing Orders. Successful Service providers selected by the Council following a compliant procurement process meeting requirements of public law requirements, will be required to enter into formal written legal contracts with the Council.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 As part of the options appraisal exercise the following additional options were identified and evaluated:

Option	Pros	Cons
A: Continue as it is	<ul style="list-style-type: none"> • Established framework embedded in Adult Mental Health Services. • Understood by workers in the Adult Mental Health Recovery Teams. • Clients have established support. • Providers have a regular income. 	<ul style="list-style-type: none"> • New clients are unable to choose council arranged services (if they wish to) due to a lack of providers, high waiting list for support. • Increase in the use of inauthentic/inappropriate direct payments. • Financial impact due to using more direct payment providers, such as the additional cost incurred with money management services. • Current provision not fully focussed on recovery with many clients continuing with support without assessed needs being reviewed. • No incentive/appetite for smaller providers to join the framework.
B. Refresh current service specification	<ul style="list-style-type: none"> • Enables more providers to join the framework. 	<ul style="list-style-type: none"> • As above. • Doesn't allow for major changes which will enable lessons to be

	<ul style="list-style-type: none"> • Established framework embedded in Adult Mental Health Services. • Understood by workers in the Adult Mental Health Recovery Teams. • Clients have established support. • Providers have a regular income. 	<p>learnt and permit a new focus on recovery.</p> <ul style="list-style-type: none"> • Current outcome tool is prohibitive for smaller providers to administer. • Providers will likely come back with increased prices for delivering the same service.
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6. REASONS FOR RECOMMENDATIONS

6.1 It is anticipated that the recommended option will deliver the following outcomes:

6.1.1 The Council can meet its statutory duties under the Care Act 2014.

6.1.2 Individuals who have assessed eligible social care needs because of their mental health will be supported.

6.1.3 The market will be stabilised and diversified, with increased provision to meet the needs of the cohort.

6.1.4 The Council can be assured of the quality of the provision it has commissioned, particularly if the number of direct payments are reduced (where appropriate).

6.1.5 Clients will be satisfied that the support they receive enables them to recover a life that has hope, meaning and purpose.

6.1.6 Clients will have access to support that is appropriate, delivered in a timely manner and responds to fluctuating needs.

6.1.7 Clients will meet their defined goals set out in the Support Plans that they have co-created.

6.1.8 Clients will be able to live interdependently within the community with appropriate support (accommodation, employment, social integration).

6.1.9 Clients will be able to reduce their need/use of health and social care services.