

Subject:	Discharge to Assess for People Experiencing Mental Ill Health
Date of Meeting:	7 September 2021
Report of:	Rob Persey
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Ward(s) affected:	All

FOR GENERAL RELEASE

1. PURPOSE OF REPORT AND POLICY CONTEXT

1.1 Following approval at Procurement Advisory Board on the 26 July 2021 this paper provides an overview of the proposed Discharge to Assess for People with Mental Ill Health procurement and seeks approval to proceed with a joint Brighton & Hove City Council (BHCC) and Clinical Commissioning Group (CCG) procurement process.

2. RECOMMENDATIONS:

2.1 That the Adult Social Care & Public Health Sub Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to;

2.1.1 procure and award a co-commissioned contract for a discharge to assess service (D2A) for people experiencing mental ill health at a value of £374,681 per annum for five years where the Clinical Commissioning Group will contribute £281,003 per annum and Brighton & Hove City Council will contribute £93,678 per annum. The CCG have yet to confirm funding and procurement will only take place if the funding is confirmed.

2.1.2 to grant an extension to the contract referred to in 2.1.1 for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

3. CONTEXT/ BACKGROUND INFORMATION

3.1 In the last five years there has been a significant increase in;

- the numbers of patients in mental health hospitals unable to leave hospital when medically fit due to lack of accommodation or community based support to enable transition.

- high cost residential social care placements to facilitate discharge due to a lack of alternatives.
- 3.2 In response to these issues the Sussex Health and Care Partnership has identified the delivery of D2A services for the Mental Health Cohort as a priority – see Objective 3 ‘Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision’.
 - 3.3 The D2A service offers a short term (six week target move on) support service with ten hours face to face support a week. Eight units are delivered in self contained accommodation (for people who do not have accommodation or do not have accommodation which is suitable at the point of discharge) and six units offer ten hours face to face support in people’s own homes. People are supported to move on into suitable safe accommodation and to link into longer term forms of community based support suitable to meet their needs.
 - 3.4 In April 2020 BHCC and the CCG agreed a pilot of a Mental Health D2A service to improve transitions from hospital to accommodation in the community. The service was set up on an interim basis with two local providers, Venture People and Southdown, these were direct awards with no formal procurement process or prior market engagement due to the Covid-19 crisis and urgent need. The current arrangement ends on the 30 September 2021 and once CCG funding is confirmed we will extend to end March 2022 to enable the tender to proceed.
 - 3.5 The initial pilot (April 2020-March 2021) has achieved significant bed occupancy gains for acute inpatients by facilitating timely discharge and reducing the delayed transfer of care. This means that more people have been able to move through inpatient beds in Brighton and Hove in a safe way and that fewer people have had to be placed in hospitals away from the city and friend/family networks of support.
 - 3.6 The pilot (April-Sept [2020]) achieved community care savings in relation to future care provision. Twenty-nine individuals have completed their intervention from Discharge to Assess and have achieved a successful move-on plan, with a significantly reduced cost and improved outcomes, when compared to the projected future support cost anticipated at point of discharge from hospital.
 - 3.7 Feedback from mental health services staff and users of the service has been positive with people who used the service reporting greater levels of wellbeing and satisfaction. The D2A model was felt, by individuals who have been through the model, and workers to provide a person centred service that resulted in positive outcomes. The service is an integral part of the prevention, early intervention, and recovery model and supports recovery and improved life outcomes for people using the service. Only three people have been readmitted to hospital following a closed case with D2A. Staff report an improved flow of people through the system and have responded positively to collaborative working and a more personalised service.
 - 3.8 Case Study – one service user has agreed to her experience being used as a case study to demonstrate the impact of the service. She was referred to D2A following an admission to an acute setting. Prior to admission, she had become homeless and neglected herself. When describing her experience, she explained she had felt unsafe in her accommodation and fled fearing persecution. This had led to her placing herself at risk and vulnerable to exploitation.

She was referred to D2A and accepted a six week placement; working with the team at her accommodation to relearn skills and build her confidence. She worked with her team to think about next steps; initially the plan had been for her to move to a highly supported setting, however she did not want this and used her stay at D2A to demonstrate her independence and challenge the view that she needed a high level of supported accommodation.

She has now moved to a privately rented flat; working with the team at D2A to choose a home she felt safe in, and she now receives a small outreach package to allow her to resettle successfully.

- 3.9 The CCG and BHCC are currently co-commissioning the re-tender of the Mental Health Pathway to better meet the needs of the city (Procurement Advisory Board Meeting 19.04.21 / ASC & Health Sub Committee 08.06.21). This re-tender will require a minimum of 100 units of accommodation and will attract providers who would also be interested in the D2A tender. The tender process commences in September 2021.
- 3.10 The tender timetable for the D2A service could be aligned with the Mental Health Pathway re-tender. This would ensure that providers were able to take a holistic view of all lots in the tender and would limit the risk of a lack of accommodation provision for the service if it was tendered after the Mental Health Pathway.
- 4. The provision of a D2A mental health service is projected to support significant and ongoing cost savings. The pilot (April-Sept [2020]) also achieved community care savings in relation to future care provision. Twenty nine individuals have completed their intervention from Discharge to Assess and have achieved a successful move-on plan, with a significantly reduced cost, when compared to the projected future support cost anticipated at time of referral:

Community Placement Saving Per Week during the Pilot

Anticipated Support Cost at point of discharge for all 29 people	28,045
Actual Support Cost for all 29 people	3,322
Total Saving per week for all 29 people	24,723

Procurement Timeline:

Brighton & Hove City Council and NHS Brighton & Hove Clinical Commissioning Group are working together on the remodelling of the mental health accommodation pathway. The evaluation panel may include a community ambassador with lived experience who has received appropriate training to ensure that the patient voice informs the process. The following is an overview of the timeline for the consultation and procurement process.

Action:	Timeline:
Develop Engagement Plan	Nov' 20– Jan '21

Health & Equalities Impact Assessment	Nov – Dec '20
Commission 3rd party to undertake service user consultation	December 2020
Service user and Stakeholder Consultation	Jan-Mar '21
Procurement Advisory Board	April 2021
Focus groups & Feedback on consultation	Apr-May '21
Development of the Model and Service Specifications	Apr – July '21
H&ASC Sub Committee	7 September 2021
Market Engagement	Jul – Aug'21
Tender process commences	September 2021
Tender Evaluation	November 2021
Mobilisation of Services	Feb '22 – Sept '22

5. POSSIBILITY OF PROVIDING THIS CONTRACT IN-HOUSE

- 5.1** The current service offers eight units of self-contained accommodation with ten hours support attached to each unit as well as 60 hours of community-based support. If the contract were to be delivered in-house the council would need to provide eight units of self-contained accommodation ready for occupation at the commencement of the contract. Given the significant pressures being experienced due to the decant of Everyone In and rising homelessness this would be very challenging.
- 5.2** Any accommodation service run in-house would generate significantly less housing benefit revenue. Local authorities housing benefit rate is capped but a third sector provider offering supported accommodation can claim a higher rate helping to cover housing management costs, cleaning, and repairs and maintenance. This would mean any service run by the local authority would be significantly less financially viable.

6. COMMUNITY ENGAGEMENT & CONSULTATION

- 6.1** The Council and CCG are committed to benefits of co-production and as such have engaged with service users, providers and other stakeholders to inform the wider Mental Health Pathway re-procurement

- 6.2 In December 2020 the group appointed Mind, the mental health charity to carry out a consultation with current and ex-service users via survey and one to one interviews. Online surveys have also been carried out with stakeholders and referrers via the engagement HQ website. A full report has been provided by Mind into the outcome of the consultation. The group has also undertaken some workshops with professionals and current service providers.
- 6.3 A workshop with relevant staff was held specifically on the D2A model and has contributed to thinking on the proposed model.

7. CONCLUSION

- 7.1 That the Adult Social Care & Public Health Sub Committee grants delegated authority to the Executive Director of Health & Adult Social Care (HASC) to take all necessary steps to procure and award a co-commissioned contract for a discharge to assess service (D2A) for people experiencing mental ill health at a value of £374,681 per annum for five years where the Clinical Commissioning Group will contribute £281,003 per annum and Brighton and Hove City Council will contribute £93,678 per annum.
- 7.2 To grant an extension to the contract referred to for a period or periods of up to two years in total if it is deemed appropriate and subject to available budget.

8. FINANCIAL & OTHER IMPLICATIONS:

8.1 Finance Implications

This service is within the Health & Adult Social Care – Section 75 Mental Health pooled budget. The proposed Brighton & Hove City Council contribution of £0.094,m is within budget, assuming a £0.281m contribution from Brighton & Hove CCG is ongoing for the period of the contract. The report outlines health system-wide savings identified from the pilot in April to September 2020 from this model of care. However, this is based on a small sample of clients and further work would be required to quantify potential future ongoing savings.

Finance Officer Consulted: Sophie Warburton

Date: 10/08/2021

8.2 Legal Implications:

The Adult Social Care & Public Health Sub Committee is the appropriate committee for the recommendations set out in paragraph 2 above in accordance with Part 4 of the council's constitution.

The Council is required to comply with the Public Contracts Regulations 2015 in relation to the procurement and award of contracts above the relevant financial thresholds for services, supplies and works. The Council's Contract Standing Orders (CSOs) will also apply.

Bidders will be required to set out proposals relating to social value as part of their tender. The Public Contracts Social Value Act 2012 requires contracting authorities to consider, when procuring services, how the economic, environmental and social well-being of the local area may be improved and how this can be delivered through the procurement. In addition, The Public Contracts Regulations 2015 expressly allow contracting authorities to incorporate social and environmental factors into specifications for a contract, award criteria and contract conditions provided they are linked to the subject matter of the contract, proportionate to what is being procured, do not result in unequal treatment of bidders, are free from discrimination and comply with the principle of transparency.

The new contract is likely to involve the transfer of employees from the existing service provisions to the new providers under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE).

Lawyer Consulted:

Rachel Pugh

Date: 25/08/21

8.3 Equalities Implications:

Brighton & Hove City Council has completed an Equalities Impact Assessment this tender process. This is attached as Appendix 1. All commissioned services are monitored on their policies and practice in relation to equalities. Service users and staff are interviewed as part of the review process and complaints regarding discrimination and hate crime are reported to Commissioners. Demographic data on both referrals and acceptances into the service are monitored. We ensure that all services have relevant policies and procedures in place and that staff receive training and support.

8.4 Sustainability Implications:

The commissioned service would give due consideration to sustainability encouraging the use of public transport among staff and using sustainable materials and ensuring recycling.

8.5 Risk and Opportunity Management Implications:

There are risks associated with the procurement process which are as follows

- There is a risk that we will not receive any bids for the tender however this is being mitigated by a successful market engagement prior to the tender process with 48 attendees and engagement with stakeholders and existing providers.

8.6 Public Health Implications:

The aim of this procurement is to continue to offer a positive and well regarded service with good health and wellbeing outcomes for people using the service. The service will support residents with their mental health needs but also support them with their wider health, including, healthy living and skills for independent living such as shopping and healthy eating.

8.7 Corporate / Citywide Implications:

This procurement will meet the corporate priorities of 'increasing healthy life expectancy and reducing health inequalities' by providing a service which helps people manage their mental health and prevents hospital re-admission. The services will also 'support people to live independently' by providing support to those who are able to move onto greater independence or return to their own homes.

This procurement will also supports the aims of the Sussex Health and Care Partnership who have identified the delivery of D2A services for the Mental Health Cohort as a priority – see Objective 3 'Pilot, evaluate and extend the Discharge to Assess models, building on shared learning across each pilot to optimise outcomes and improve flow and transitions from inpatient provision'.

SUPPORTING DOCUMENTATION

Appendices: Equalities Impact Assessment Uploaded Separately

