



Report for: Cabinet

Date of Meeting:	14 November 2024
Subject:	Mental Health Community Support Services
Key Decision:	Yes
Responsible Officer:	James Mass, Strategic Director for Adults and Public Health
Portfolio Holder:	Councillor Jean Lammiman, Portfolio Holder for Adult Services & Public Health
Exempt:	No
Decision subject to Call-in:	No
Wards affected:	All wards
Enclosures:	Appendix 1: EQIA

Section 1 – Summary and Recommendations

This cabinet report sets out the background, current commissioning arrangements and the proposal to seek authority to commence procurement for a Mental Health Community Service to the Council.

Recommendations:

Cabinet is requested to:

1. Approve the commencement of a procurement for a mental health community service.
2. Delegate authority to the Strategic Director for Adults and Public Health, following consultation with the Portfolio Holder for Adult Services & Public Health, to make any changes required to the tender documents following approval.
3. Delegate authority to the Strategic Director for Adults and Public Health following consultation with the Director of Finance, the Portfolio Holder for Adult Services & Public Health and the Portfolio Holder for Finance and Highways to award the contract.

Reason: (for recommendations)

To enable the Council to meet its statutory responsibilities under the Care Act 2014, the Mental Health Act 1983 (amended 2007) (MHA) and the Health and Social Care Act 2012. These responsibilities include:

- A statutory duty under the Care Act 2014, is for local authorities to make sure that people living in their areas, receive services that prevent their care needs becoming serious, or delay the impact of their needs
- Section 117 of the MHA puts a duty on the local authority and the NHS to provide free after-care services for people being discharged from a qualifying section of the MHA. Aftercare services are defined in the Care Act 2014 as being services:
 - which are designed to meet the needs arising from a person's mental health condition; and
 - that help to reduce the risk of deterioration of the condition (i.e. prevent a person from being admitted to hospital again).
- A series of engagement events that took place with Harrow residents ^{1 2} at the beginning of 2024 identified the need to improve the community service model to one which offers a more preventative approach, guiding people experiencing challenges into the services they need as well as harnessing their recovery by supporting people to live as independently as possible, at home, with good access to wider community assets. This procurement focuses on securing a new contractual arrangement for services identified as being needed for Harrow, so they can respond to the changing mental health needs of residents. The voice of people who use services has informed the service specification.

¹ [People Services Directorate - Commissioning Team - Projects: - Mental Health Engagement Report-Mind in Harrow .pdf - All Documents \(sharepoint.com\)](#)

² Mental Health Matters in Harrow. National Development Team for Inclusion (NDTi)

Section 2 Report

2 Introduction

- 2.1 The service supports Adult Social Care duties and obligations under the Care Act 2014 to support people with mental health under a section 117 aftercare plan to be supported to recover at home in the community, with good access to a wider range of community support.
- 2.2 The service received funding support from public health and primary health partners based on specific joint packages of section 117 aftercare with health and social care assessed needs.
- 2.3 The recommendation is to procure and appoint a provider to deliver a mental health community support service that focuses on prevention, early intervention and recovery.
- 2.4 This supports the London Borough of Harrow's vision to ensure all services for Harrow residents, offer value for money, provide appropriate support to promote wellbeing, reduce inequalities and prevent hospital admissions for those suffering with mental ill health.

3 Options Considered

Two options have been considered:

- 3.1 **Option One:** Do nothing – Not an option as there is a need for a preventive service to support the mental health social work team within adult social care, preventing mental health crisis and promoting wellbeing for Harrow residents. Lack of services taking a preventative and recovery approach can lead to increased hospital admissions into acute mental health wards with increased costs of care packages and increased access to adult social care services.
- 3.2 **Option Two:** Commence the procurement for the new service using an open market competitive tender process as the preferred option as this will support the Council to deliver its statutory responsibilities and enable the commissioning of the new service that was identified as being needed in Harrow.
- 3.3 Note Option two will also address the access to community assets concerns that were identified within the engagement events about mental health community services and from the voice of people who access and use services. The new service will have a focus on improving access for all of Harrow's diverse residents who would benefit from it. There will also be ongoing monitoring of the service to ensure it positively impacts social care inequalities.

4 Background

- 4.1 The Harrow and Wellbeing Strategy 2022–2030 is committed to *keeping residents feeling good and functioning well and focussing on the prevention of mental health issues which includes raising awareness and anti-stigma campaigns as well as supporting people with mental health problems to stay well.*
- 4.2 Harrow aims to develop responsive and well-coordinated mental health services that empower residents to thrive. This can be achieved by reshaping services to provide personalised support based on individual strengths and community resources, thus reducing loneliness and aiding individuals during crises.
- 4.3 Mental illness is the leading cause of disability in the UK, leading to significant inequalities in health outcomes. Individuals suffering from mental illness often face a greater risk of poor physical health, reduced life expectancy, diminished educational and employment opportunities, and discrimination.
- 4.4 **Importance of Prevention**
Research indicates that promoting positive wellbeing and resilience can directly prevent mental illness and improve outcomes for those affected. Individuals with serious mental illnesses and recurrent depressive disorders are particularly vulnerable, experiencing higher relapse rates due to lower quality of life prior to their condition.
- 4.5 **Economic Implications**
The economic burden of mental health conditions extends beyond healthcare costs, encompassing broader social costs that can be mitigated. For instance, individuals in debt are 33% more likely to suffer from anxiety and depression, which can lead to financial instability and loss of housing. Moreover, social isolation costs an estimated £9,900 per person annually, impacting overall health and productivity.
- 4.6 **Social Determinants of Mental Health**
The likelihood of developing mental health problems is influenced by biological factors and socio-economic conditions. Disadvantaged individuals face the highest risks. The Marmot Review (2020) highlights that persistent social factors contributing to poor mental health include low educational attainment, low-quality employment, and income inequality.
- 4.7 **Need for Timely Care**
Access to timely and appropriate treatment is crucial for individuals with mental health conditions. Delays in treatment can exacerbate their conditions, necessitating more complex interventions.

Through engagement with Harrow residents, it was identified that there is a significant need to ensure mental health community services are accessible to the whole population of Harrow. There needs to be a keen focus on reducing health and social care inequalities by working closely with key partners. This will help us to understand and respond to the needs of the communities we know do not access early intervention and prevention services routinely. These same communities are over overrepresented in our crisis services and their

initial experience of mental health services is often via the criminal justice system.

5 Current Situation

5.1 Current Landscape

Currently, Harrow Local Authority does not have community-based mental health services that emphasise prevention and early intervention. A previous contract with Rethink Mental Illness, which naturally ended on 31 July 2024, highlighted gaps in service provision.

5.2 Identified Needs

- **Enhance Accessibility:** Engagement with residents highlighted significant gaps in accessibility to mental health services, especially for vulnerable populations.
- **Economic Impact:** Mental illness is the leading cause of disability in the UK, contributing to poorer physical health and reduced life opportunities. Financial burdens associated with mental health conditions extend beyond healthcare costs, emphasising the need for effective preventive measures.
- **Preventive Strategies:** Evidence suggests that early intervention can significantly reduce the risk of severe mental health issues. Focused investment in community mental health can yield substantial economic returns and improved quality of life for residents.

5.3 The Local Authority is developing its strengths-based approach to social work and social care. The approach supports people to identify their own strengths and assets, empowering them to set their own goals, solve difficulties and sustain positive change in their lives, with proportionate support when it's needed.

5.4 This way of working is clearly set out in the Care Act 2014 and is critical to realising a more personalised model of care and support. Commissioned services as well as social work practice are changing, and we are moving towards developing flexible services that are tailored to individual needs.

6 Demography of Harrow

6.1 Harrow is a culturally diverse London Borough with 63.54% of the residents of Harrow coming from a Black and Minority Ethnic background, and just over half the population of Harrow were born abroad.

6.2 The demographics of Harrow encompassing factors such as sex, gender, ethnicity, age, sexuality, and socio-economic status play a significant role in how residents' access and experience health and social care services. These factors not only influence service access, but also affect health outcomes, ultimately impacting the mental health and wellbeing of the community.

6.3 Current Mental Health Landscape

Harrow exhibits lower levels of common mental disorders (CMD) compared to the rates in London and England, with similar levels of serious mental illness (SMI). This relative advantage is largely attributed to the borough's lower rates of socio-economic deprivation. However, there are still areas within Harrow experiencing significant poverty, especially considering the ongoing cost-of-living crisis and high housing costs. Furthermore, the diverse population of Harrow often faces various forms of discrimination, which can adversely affect mental wellbeing throughout residents' lives.

Table 1: Prevalence of Common Mental Health Disorders

Metric	Harrow - Count	Harrow - Rate	London - Rate	England - Rate
Estimated prevalence of CMDs (16 years and over, 2017)	30,724	15.6%	19.3%	16.9%
Estimated prevalence of CMDs (65 years and over, 2017)	3,679	9.6%	11.3%	10.2%
Depression QOF prevalence (18+, 2021/22)	17,221	8.1%	9.0%	12.7%
Depression QOF incidence (18+, new diagnosis, 2021/22)	2,489	1.2%	1.3%	1.5%
Self-reported wellbeing: people with a high anxiety score (2021/22) *	-	24.5%	23.8%	22.6%

*Source: PHE Fingertips accessed July 2023. Note: These figures are based on a small sample and should be interpreted with caution.

Table 2: Quantified Need for Mental Health Services

Indicator	Period	Harrow Count	Harrow Rate	London Rate	England Rate
People in contact with adult MH services (rate per 100,000 aged 18+)	2019/20 Q2	3,725	1,942	2,201	2,381
Mental health service users in hospital (percentage)	2019/20 Q2	115	3.1%	2.4%	2.0%
People on a Care Programme Approach (rate per 100,000 aged 18+)	2019/20 Q2	400	209	424	357
Persons detained under MHA (rate per 100,000 population aged 18+)	2019/20 Q2	255	532	511	383
Persons detained under MHA (% of people in contact with services)	2019/20 Q2	90	1.92%	1.28%	1.04%
GP prescription items for psychoses*	6/2022-5/2023	44,913	0.15	0.19	0.21

*Rate expressed as a fraction of all prescriptions and GP registered population.

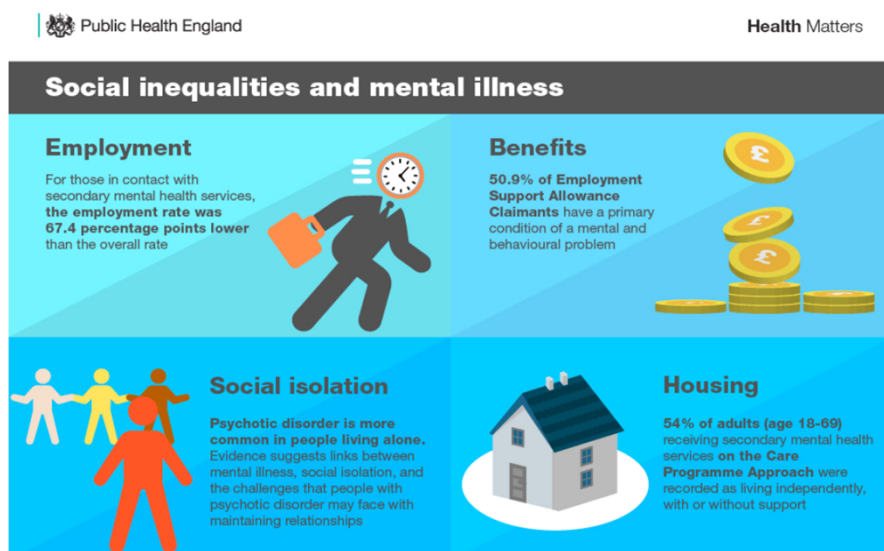
7 Demand and Future Context

- **Youth Mental Health:** Recent data indicates that hospital admissions for mental health conditions among individuals under 18 were the second highest in London during 2022/23, highlighting a potential future demand for adult mental health services as these young people transition into adulthood.
- **Economic Impact:** While Harrow has a relatively low rate of premature mortality among adults with serious mental illness, the rising number of diagnoses of depression and SMI necessitates a responsive and supportive mental health framework.
- **Community Diversity:** Harrow's population has grown by 9.3% from 2011 to 2021, exceeding the London average of 7.7%. This growth, combined with a rich tapestry of ethnicities, religions, and languages, necessitates mental health services that are inclusive and adaptive to the community's diverse needs.

Social Inequalities

7.1 Social disadvantage is a common factor among groups with a higher prevalence of mental illness. These disadvantages directly impact mental health, access to care, and the overall experience of the services received. Key social inequalities include:

- **Exclusion and Isolation:** Many individuals become socially isolated due to systemic barriers, which can lead to loneliness - a significant risk factor for various mental health issues, including depression and anxiety.
- **Economic Disparities:** Wealth inequality often manifests as debt and housing insecurity, which substantially affects mental health outcomes. Recent estimates suggest that up to 82% of homeless individuals in England suffer from mental health problems.



8 Proposed Mental Health Community Service

- 8.1 The planned community mental health service in Harrow aims to address these social inequalities effectively. The service will:
- **Promote Early Intervention:** Implement preventative strategies to help residents manage their mental health challenges and build independence and resilience.
 - **Encourage Outreach:** Actively engage with underrepresented groups to reduce the number of individuals entering hospitals due to mental health crises.
 - **Facilitate Supportive Networks:** Foster social inclusion by connecting residents to community activities and resources.
- 8.2 There are a range of evidence-based social care interventions that the mental health community service will be commissioned to provide which include:
- 8.3 **Peer support** which has been shown to be mutually beneficial for peer support workers and people needing support. Research has identified that peer support helps mental health recovery, improves the impact of depression and increases self-belief ³. In addition the financial benefits of using peer support workers has been shown to exceed their cost ⁴
- 8.4 **Social inclusion activities** – investing in relatively low-cost interventions to support people into wider activities already available in Harrow and across London is likely to provide a positive return on investment. A 2017 return on investment paper ⁵ identified a return of £2-3 for every £1 invested in signposting/navigation services. Befriending initiatives have been shown to have a return of between £5 - 24 for every £1 invested.
- 8.5 **Floating (accommodation) support** services support people (who otherwise would struggle) to live independently, sustain their own tenancies and to be an inclusive part of their communities. The cost of supporting people in their own homes is significantly lower than providing supported accommodation or funding residential care.
- 8.6 The new service will be monitored via the contract management processes which reviews key performance indicators, including case studies and surveys, the area below will be reviewed in order to see whether the service is delivering what is required.
- The impact on the wider health and care pathway by comparing numbers of people accessing the Harrow mental health social work team (aim to reduce)
 - The numbers of people accessing the community service from communities that have not previously engaged with prevention services

³ [The effectiveness, implementation, and experiences of peer support approaches for mental health: a systematic umbrella review | BMC Medicine | Full Text \(biomedcentral.com\)](#)

⁴ A study in Nottingham identified that peer support workers contributed to a 14% reduction in inpatient stays saving an estimated £260,000

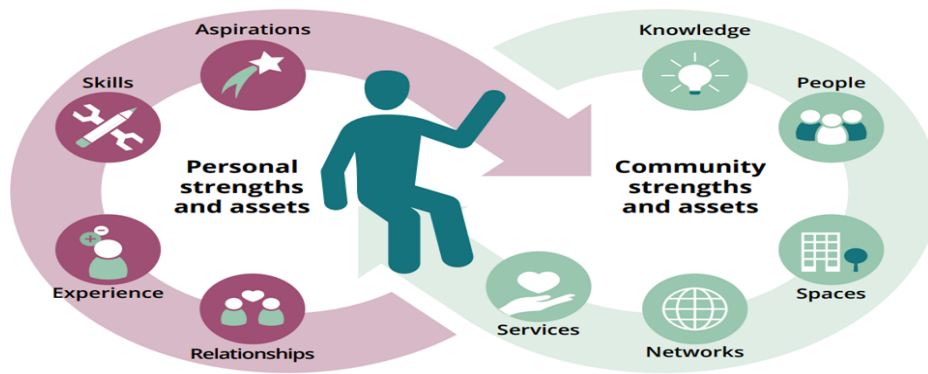
⁵ [making-the-economic-case-for-investing-in-actions-to-prevent-and-or-tackle-loneliness-a-systematic-review.pdf \(lse.ac.uk\)](#)

(aim to increase) by collecting information on people accessing the service broken down by protected characteristics and analysis

- Number of people who are supported to and have maintained a housing tenancy for more than 12 months (aim to increase)
- Satisfaction survey of people using the service to measure self-reported improvement(s) in managing their mental health and overall satisfaction.
- Professional staff survey to gauge the view of staff as to the impact of the new service

9 Why is change needed

- 9.1 Having the right services that focus on prevention and recovery support can have a significant impact on the use of more intensive and expensive service provision. It is well documented that the more time passes before a person accesses the right intervention for their mental health problem, the greater the likelihood their condition will become more chronic and difficult to treat. This leads to a need for more complex packages of care and specialist treatment and worse outcomes for the individual.
- 9.2 In addition, research shows that particular social and demographic factors increase vulnerability to mental health problems and hinder accessing the right care and support in a timely way. People affected by this include those living in deprivation or poverty; Black, Asian and other minoritised ethnic groups; older people; people with dementia; combat veterans; people with a learning disability and autistic people and people with substance misuse problems.
- 9.3 Developing services that are accessible and can support the changing needs of people in Harrow, will help to prevent unnecessary hospital admissions and reduce the burden on already over-subscribed primary and secondary mental health services.
- 9.4 The new service will focus on a preventative outcomes model and aim to deliver better quality of life for people. In developing a mental health community service, that focusses on prevention, early intervention and recovery, we can make better use of limited funding and deliver better outcomes in the medium and longer term. To achieve this the new provider will follow evidence-based practice in terms of delivering strengths and asset-based outcomes.



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10 Risk Management Implications

10.1. Risks included on corporate or directorate risk register? No

Separate risk register in place? No

10.2. The relevant risks contained in the register are attached/summarised below. N/A

10.3. The following key risks should be taken into account when agreeing the recommendations in this report:

Risk Description	Mitigations	RAG Status
Funding for the contract is insufficient to deliver the expected level of service	<ul style="list-style-type: none"> ▪ Potentially reduce the parameters (activity levels) of the service 	AMBER
A suitable provider cannot be found in the market for the service	<ul style="list-style-type: none"> ▪ Market engagement exercise completed. ▪ On-going negotiation with potential providers 	AMBER
Without this service statutory social work capacity would not be reduced causing longer waiting lists and higher caseloads leading to adverse health impacts for residents	<ul style="list-style-type: none"> ▪ Design and commission a new borough wide-mental health community service as outlined in this report. 	GREEN
More people become chronically unwell and need more expensive packages of care because of the current gap in preventative and recovery focused community service	<ul style="list-style-type: none"> ▪ Approval to commence an open competitive procurement with the aim of awarding a new contract to address this in early 2025. 	GREEN
Harrow communities in need of this service remain over-represented in crisis services and underrepresented in	<ul style="list-style-type: none"> ▪ Appointment of a new provider for the mental health community service that delivers a service in line with the service specification. 	GREEN

⁶ [strengths-and-asset-based-outcomes-quick-guide.pdf \(nice.org.uk\)](https://www.nice.org.uk/strengths-and-asset-based-outcomes-quick-guide.pdf)

Risk Description	Mitigations	RAG Status
preventative services because of continuing inequalities in the access to health and social care services	<ul style="list-style-type: none"> ▪ Ongoing monitoring of agreed KPIs and outcome measures that are designed to focus on reducing health and social care inequalities 	

11 Procurement Implications

- 11.1 The contract value for this service is £238,471 per annum. The contract term will be for an initial two years commencing in April 2025, with the option to extend for a further two years in periods at the Council's discretion. The total contract value will be £953,884.
- 11.2 The contract will be competitively procured under the "Light Touch Regime" (LTR) using the OPEN Procedure in accordance with the Council's Contract Procedure Rules and the Public Contract Regulations 2015
- 11.3 The light-touch regime (LTR) is a specific set of rules for certain service contracts that tend to be of lower interest to cross-border competition. Those service contracts include certain social, health and education services, defined by Common Procurement Vocabulary (CPV) codes. The list of services to which the Light-Touch Regime applies is set out in Schedule 3 of the Public Contracts Regulations 2015.

12 Legal Implications

- 12.1 The Care Act 2014 highlights prevention as one of the seven key responsibilities for local authorities.
- 12.2 It is a statutory duty under the Care Act 2014, for local authorities to make sure that people living in their areas, receive services that prevent their care needs becoming serious, or delay the impact of their needs.
- 12.3 Section 117 of the Mental Health Act puts a legal duty on Councils to provide free after-care services for people being discharged from a qualifying section of the Mental Health Act. Aftercare services are defined in the Care Act 2014 as being services:
- which are designed to meet the needs arising from a person's mental health condition; and,
 - that help to reduce the risk of deterioration of the condition (i.e. prevent a person from being admitted to hospital again).
- 12.4 The duty to provide free aftercare services begins at the point of discharge from hospital and ends once a person is discharged from section 117. Both the NHS and Social Care services must agree that a person no longer needs section 117 aftercare before a discharge can happen.

- 12.5 This procurement is an above threshold procurement under the Public Contracts Regulations 2015 (“**PCR 2015**”) and subject to the Light Touch Regime (“**LTR**”). This means the Council has some flexibility as to how they design the procurement and how the PCR 2015 is complied with. An open tender process is an appropriate procurement process.
- 12.6 HBPL will support the service in drafting a contract which is to form part of the tender advertisement and provide general support throughout the procurement process.

13 Financial Implications

- 13.1 Funding of £238,471 per annum has been allocated to support the provision of Mental Health Community Services within the Contracts & Voluntary Sector budget within Adult Services.
- 13.2 The allocation is a combination of base budget and contribution from the Wider Determinants Funding from the Public Health Service. Both funding streams would need to be maintained for the length of the contract award.
- 13.3 The funding allocation will be static for the length of the contract, and any inflationary or service change costs would need to be met within this budget envelope.
- 13.4 This award of this contract is not linked to any current MTFs savings target, will have no staffing implication on the LB Harrow staffing establishment, or require any capital funding.

14 Equalities implications/Public Sector Equality Duty

- 14.1 By commissioning a new approach to mental health community services, the council is looking to improve outcomes for residents experiencing mental ill health, reduce hospital admissions and address wider social inequalities. This includes focusing on socio-economic deprived populations, people with protected characteristics, geographical composition and other vulnerable groups. Services will reach residents who require support under the prevention duty of the Care Act 2014 and as part of a Mental Health Act Section 117 aftercare plan, supporting recovery and moving away from crises.
- 14.2 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).
- 14.3 The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding. An EQIA has

been undertaken and no negative impacts on particular groups have been identified.

15 Council Priorities

1. A council that puts residents first

The provision of a community mental health services will enable the council to put residents first by ensuring there is a service that supports people to live as independently as possible in the community and improves access for all residents to obtain such support.

2. A borough that is clean and safe

Research shows that people with mental health problems experience high rates of crime and are more likely to be victims of crime than the general population. A mental health community support service will have the opportunity to work with partners to highlight this issue and work with Harrow residents to support people who are dealing with this issue as well as support people (or direct them to other services) that can provide specific interventions aimed at reducing crime against individuals.

3. A place where those in need are supported

Commissioning a new mental health community-based service demonstrates that the council is focussing on reducing the number of people who may go on to become chronically unwell as a result of not being able to access support at an early stage of becoming distressed or unwell.

16 Section 3 - Statutory Officer Clearance

Statutory Officer: Belvin Corriette

Signed on behalf of the Chief Financial Officer

Date: 08.10.2024

Statutory Officer: Mariam Khan

Signed on behalf of the Monitoring Officer

Date: 03.10.2024

Chief Officer: Alex Dewsnap

Signed off by the relevant Director

Date: 01.11.2024

Statutory Officer: Lisa Taylor

Signed on behalf of the Assistant Director of Procurement

Date: 04.10.2024

Has the Portfolio Holder(s) been consulted? Yes

Mandatory Checks

Ward Councillors notified: NO, as it impacts on all Wards
EqIA carried out: YES
EqIA cleared by: Jennifer Rock

Section 4 - Contact Details and Background Papers

Contact: Sarah Ives, Strategic commissioning Manager (adult mental health).
Sarah.Ives@harrow.gov.uk

Background Papers:

- Adult Mental Health in Harrow April 2020: [Adult Mental Health Report 2020 \(harrow.gov.uk\)](#)
- Mental Health Engagement Report. Mind in Harrow [Mental Health Engagement Report- Mind in Harrow - Adobe cloud storage](#)
- Mental Health Matters in Harrow. National Development Team for Inclusion (NDTi) [Mental Health Matters in Harrow. Themes reflections and insights .pdf](#)
- The Harrow Health and Wellbeing Strategy 2022 – 2030 [Harrow Health and Wellbeing Strategy](#)

Call-in waived by the Chair of Overview and Scrutiny Committee: NO