

Report for: **Cabinet**

Date of Meeting:	11 th November 2020
Subject:	People Services Strategic Commissioning – Adult Mental Health Commissioning Review Recommendations and Next Steps
Key Decision:	Yes - effects communities living or working in an area of two or more wards of the Borough
Responsible Officer:	Paul Hewitt, Corporate Director People Services
Portfolio Holder:	Councillor Simon Brown, Portfolio Holder for Adults and Public Health
Exempt:	No
Decision subject to Call-in:	Yes
Wards affected:	All
Enclosures:	Annexe A: Mental Health Commissioning Review Executive Summary Annexe B: Summary of Focus Group Feedback Annexe C: Review Draft Action Plan

Section 1 – Summary and Recommendations

This report provides Cabinet with the outcome of the Mental Health Commissioning Review 2020, the key recommendations and next steps. This includes proposals for the co-design of community services, the re-commissioning of accommodation-based support services and continuing the section 75 agreement with Central North West London (CNWL) NHS Foundation Trust for mental health services.

Recommendations:

Cabinet is requested to:

1. Note the findings of the Mental Health Commissioning Review and agree the recommendations and the next steps for implementation.
2. Delegate authority to the Corporate Director of People Services and Director of Finance, following consultation with the Portfolio Holder for Adults and Public Health and the Portfolio Holder for Finance and Resources, to procure and award contracts for mental health accommodation services and agree contract extensions where appropriate.
3. Delegate authority to the Corporate Director of People Services, and Director of Finance, following consultation with the Portfolio Holder for Adults and Public Health and the Portfolio Holder for Finance and Resources, to enter a section 75 agreement with Central North West London (CNWL) NHS Foundation Trust for the provision of mental health social care services in accordance with the Care Act 2014, subject to the annual review of delegated functions and integrated services.

Reason: To fulfil the local authority's statutory responsibility for adult social care mental health services.

Section 2 – Report

Introductory paragraph

1. This report provides information for Cabinet on the Council's strategic approach to commissioning and providing statutory mental health services in Harrow. Local authorities have statutory duties under s117 of the Mental Health Act 1983 and the Care Act 2014.
2. The local mental health landscape is shaped by National and Regional drivers with a focus on transformation underpinned by principles of a person-centred approach and system integration across health, social care and the voluntary and community sectors. Mental health services are commissioned by both Harrow Local Authority (LA) and Harrow Clinical

Commissioning Group (CCG) and provided by statutory services and voluntary and community organisations.

3. Prior to the Covid pandemic the key challenges for mental health services, including social care, health and the voluntary sector, could be outlined as follows:
 - To respond to the continuing rise in demand for health and social care services within available resources.
 - To enhance health, wellbeing and resilience with a preventative approach that embodies the 'wellbeing principle'.
 - Delivering the right level and type of support at the right time and in the right place to enable people to maintain their wellbeing and independence.
 - To pave the way for greater health and social care integration in the delivery of assessments, treatment and support for recovery.
 - To transform and improve the support offer within available resources.
4. The Covid-19 pandemic has created an unprecedented challenge across the health, social care and voluntary sectors to continue to provide services during the emergency response but also in its recovery. Whilst challenging there is an opportunity to work to build on strengths in the system and ensure that across the system there is greater integration and a person-centred approach improving outcomes for the service users. The Harrow Out of Hospital Plan (OOHP), agreed by North West London CCG, provides a framework and within the requirements of the NHS Long Term plan for mental health. It is in this context that the recommendations from the Harrow mental health review are being implemented.
5. In January – March 2020 an independent strategic review was undertaken of those services commissioned (directly and on behalf of) or provided by Adult Social Care (ASC), which support people in their recovery following an acute episode in hospital, and are available to support and sustain people's well-being and independence in the community. The remit was to conduct an analysis of the current services based on their overall cohesion as part of a recovery pathway.
6. The focus of this report is the key findings, recommendations, and the approach to implementation, which includes the co-production with local residents to inform the commissioning of community services, the accommodation pathway and a review of the s75 agreement with CNWL.
7. There is a real opportunity to translate these locally to create a shared vision and meet the needs of residents in Harrow. The local authority is working in partnership with service users, health and the voluntary and community sector to shape services in an integrated way.
8. The recommendations in this report will contribute to the Council's priorities: tackling poverty and inequality; addressing health and social care inequality and a thriving economy for mental health services.

Options considered

9. The following options have been considered:

Option 1: Do nothing – do not progress the implementation of the recommendations in the Mental Health Commissioning Review and allow the contracts for supported accommodation and community-based services to end during 2021. This will not address the recommendations in the Mental Health Review to improve the mental health pathway. It will create a gap in services at a time of significant uncertainty and increased presentation of poor mental health arising from the Covid -19 pandemic. Through the s75 agreement with CNWL the Local Authority's fulfils the statutory duty to provide mental health social care.

Option 2: Secure delegations from Cabinet to co-produce services with partners including service users, procure and award contracts for mental health services and continue the s75 agreement with CNWL will enable the Council to address the recommendations in the Mental Health Commissioning Review and fulfil its statutory duties.

10. Option 2 is the preferred option because it implements the recommendations from the Mental Health Commissioning Review and will enable the Council and partners to develop the vision and offer to support people with mental health issues.

Harrow's Mental Health Review

11. The Mental Health Review was commissioned to provide an independent analysis of local community-based support provision for adults with mental ill-health. This analysis was based on their overall cohesion as part of a recovery pathway, rather than a detailed analysis of each of the service performance.

12. The scope of the review covered those services commissioned (directly or delegated) and in-house directly provided social care services for working age adults aged 18-65 with mental ill-health. These are services commissioned or provided in accordance with the s117 Mental Health Act 1983 duty to provide aftercare following discharge from hospital to meet a need that relates to a mental health problem, reduce the risk of deterioration and to prevent further admissions to hospital.

13. Both academic and clinical thinking conclude that the key determinants of health and wellbeing, require a holistic consideration of all aspects of a person's life, a co-ordinated support offer to enable someone's recovery and to maintain their well-being. The focus for the review was to determine:

- The efficiency and effectiveness of the current recovery pathway experienced by people with mental health support needs; and

- The extent to which both the Council directly provided and commissioned services maximised people's independence and social inclusion.
14. It was also intended that the review would help shape a shared mental health strategic vision for Harrow, which promotes social inclusion and support for recovery through an integrated and improved holistic service offer. An Executive Summary of the Review is provided at Annexe A.
15. During Covid there has been an increase in presentation of people with poor mental health both seeking support from health services but also contacting the Community Hub for support from the voluntary and community sector. It is expected that the impact of Covid on mental health and wellbeing will increase and evolve over time and this needs to be incorporated into the implementation of the recommendations.

Methodology

16. A series of focus group discussions were held during March 2020 with service user representatives from each of the main council delivered and commissioned services, with the aim to co-produce the future service model requirements. The focus group considered the themes of:
- a. *Where I Live*
 - b. *Being part of my local community*
 - c. *Advice & Information*
17. The fourth planned focus group which was due to consider the support available on the theme of *Access to Learning & Employment* needed to be postponed, because it coincided with the start of the coronavirus epidemic lockdown. The intention would be to conduct a workshop at a later stage to co-produce the future redesign of support in this service area, as part of the co-production of a new community support recovery model.
18. Initial discussions were held with family Carers through Harrow Rethink support group, CNWL Carer assessment workers and Harrow Carers centre. Following the onset of the Covid-19 pandemic, a survey was distributed by email to Carers across the borough in early April 2020 through the identified support groups or organisations. This was supplemented by a small number of telephone interviews for those family carers who wished to contribute but were without internet access.
19. A summary of the feedback from focus groups is provided at Annexe B.

Key Findings and Recommendations

20. The overarching findings of the Review concluded that services have evolved independently of each other within the recovery pathways in Harrow. This has created 'blockages' and delays in accessing services for those requiring support in a timely manner. This means that rather than a service delivery focussed to promote recovery, the system appears to have unintentionally created long term dependency due to lack of the right

support being available at the right time, or having the required staff capacity to ensure the continued impetus to move on to the next stage of independence.

21. The majority of the current provision and investment is therefore focussed at maintaining people with high levels of dependency, as opposed to building self-resilience at a community level and then providing a varied support network that people can return to when they need additional support.

22. The Review's five recommendations are:

Recommendation 1. The need for a whole system approach to the commissioning of mental health support

Recommendation 2. To increase access to personalised support in their local community, by moving from a building centred focus to a person-centred focus to increase people's access to personalised support in their local community

Recommendation 3. To increase access for people to move to their own home-by a redesign of the supported accommodation portfolio and pathway to facilitate people achieving more independence

Recommendation 4. Recognition of the full potential of the voluntary sector as a key strategic partner in the recovery and prevention pathway

Recommendation 5. The current support offer to Carers needs to align with the Care Act expectations

23. Further details to implement the recommendations and the associated commissioning are outlined in the next section. A high-level draft action plan is provided at Annexe C, which will be further developed as part of the co-production of revised pathways with stakeholders.

Implementation and Next Steps

24. The approach to implementing the recommendations will follow these steps:

- Establish a co-production group with membership from all stakeholders
- Redesign of community support service network as part of a whole system approach to recovery and resilience
- Develop the recovery pathway from hospital that provides a holistic response that enables people to safely transition from inpatients to their own home

Interdependencies

25. The recommendations reach across mental health services provided (in-house services) and commissioned by the LA, CNWL, Voluntary and Community Service (VCS) and from a person-centred approach. These various strategic strands need to be considered together in relation to the future design of mental health support in Harrow and the interdependencies planned for from this point. The strategic interdependencies are summarised as follows.

- Harrow Integrated Care Partnership
- Harrow Out of Hospital Strategy/Recovery Pathway
- CNWL/PCN Community Hub model
- Adult Social Care (ASC) Community Based Services model

Co-Production

26. The engagement with citizens and providers will be essential to ensure that services are co-produced. The engagement during the Review has established a foundation from which to develop an approach that is underpinned by co-production with the widest range of service users and providers. This engagement needs to extend to hard to reach groups, link in with Harrow CCG patient engagement groups and explore input from people with lived experience of services to ensure that there is a broad range of expertise captured.

Voluntary and Community Services

27. The VCS response to Covid, the role in the health and social care integration Out of Hospital Plan and engagement in the Review has established a strong platform for engagement with the VCS and this work will need to link where possible with the smaller and largely unfunded community providers.

Housing Strategy

28. The redesign of the accommodation pathway will need to be undertaken in the strategic context of Harrow's Strategy which includes the objectives to increase the supply of affordable homes to rent and buy; meet the needs of older and vulnerable residents, improve quality and standards, especially in the private rented sector.

Covid Impact

29. During Covid there has been an increase in presentation of people with poor mental health both seeking support from health services but also contacting the Council's Community Hub for support from the voluntary and community sector. It is expected that the impact of Covid on mental health and wellbeing will increase and evolve over time.

Recommendation 1: The need for a whole system approach to the commissioning of mental health support

30. The Harrow Integrated Care Partnership (HICP) structures including the Harrow Health and Care Executive, Joint Management Board and the agreed Out of Hospital Recovery Plan which includes a Mental Health

Workstream provides the infrastructure to ensure that all system partners are aligned in their planning and delivery of services. Senior officers are engaged through all levels of the HICP.

31. Harrow commissions CNWL through the partnership agreement to provide a single integrated mental health and social care service. Through this arrangement the Council has delegated its statutory duty and responsibilities to CNWL for the provision of mental health assessment and treatment support services.
32. There is provision in the agreement for an annual review to ensure that it takes account of the emerging best practice, guidance and other factors as appropriate. Given the extensive change to the integrated health, mental health and social care landscape including the implementation of the CNWL community hubs and the outcomes of the Council's mental health review, it is timely to undertake a partnership review.
33. A scope for the partnership review has been drafted and will be discussed and agreed with CNWL. It is expected that the outcome of the review will inform revisions to the s75 agreement which will commence from April 2021.
34. The current agreement to enter the s75 with CNWL was agreed in 2016 and the contract has been renewed annually. Given the current context in relation to integration and Covid recovery Cabinet are requested to re-confirm the delegation to the Corporate Director, People Services to enter the s75 on an annual basis.

Recommendation 2: Developing a Community Based Model

35. Community based services comprise a range of support services provided by voluntary sector organisations, Wiseworks a council in-house service and Rethink a council commissioned service delivered from the Bridge building. The Review identified that the council commissioned and provided community based offer was considered by the people accessing the service as a valued resource, with keyworkers providing a safety net for clients by offering direct access to support, rather than there being a waiting time to speak to someone. Each service has been described by attendees as its own community, where people feel safe and listened to. Cost, stigma and lack of information have been stated as the main inhibitors for people accessing more universal community services in Harrow.
36. The Council also commissions a range of advice, information and advocacy services that are intended to provide additional support to residents to navigate the options available.
37. The current focus on activities provided from a single building location has resulted in all staff resources being committed to maintaining the activity programme with limited staffing capacity, in being able to offer a fully person-centred approach to recovery in the local community. The static staffing allocation has contributed to the dependency of individuals to actual buildings on a long-term basis, as for many people it is the only

available access to continued advice and support which they can use to help maintain their well-being.

38. During Covid it has not been possible to open the building-based services, maintain social distancing and adhere to Covid safe requirements. It remains uncertain when this might again be possible. However, the staff teams have modified the service offer to ensure that they can maintain contact with service users through phone contact, by using technology to deliver an on-line platform for discussions and learning, accompanied by a growing offer of engagement activities in the local community and spaces developed with Wiseworks and Rethink staff working together.
39. Implementing the Review recommendations in the context of Covid it is proposed that a new holistic and sustainable whole system support offer is co-produced with Harrow residents aiming to:
- Maintain people's health and wellbeing during the Covid pandemic from new ways of working
 - Grow the service offer to begin to provide advice and support options for residents suffering mental ill health as a result of unemployment, financial stress or bereavement
 - Maintains a service offer to clients with high support needs in both a virtual and Covid safe way
 - Develops the provider position as part of a recovery/ resilience service model
40. The offer over the next 6 months will continue to build on the interim service offer established at the start of the first lockdown.

Recommendation 3: To increase access for people to move to their own home-by a redesign of the supported accommodation portfolio and pathway to facilitate people achieving more independence

41. There is currently a range of supported accommodation commissioned by the council as block contracts as a phased step down from hospital which aims to provide practical support and advice linked to short to medium term accommodation. This provision is supplemented by spot purchased placements by CNWL through the s75 agreement. The council also commissions floating support services which provide support for residents in independent tenures to enable them to manage and retain their tenancy.
42. The review identified that the step-down pathway required a redesign of both service model and property portfolio, to support the recommissioning of services that will enable people to progress, in stages where necessary, from 24-hour residential care to independent living.
43. In response to recommendation 3, officers will adopt a co-production approach to review and re-design the accommodation pathway with service users and providers to ensure that the pathway has sufficient accommodation and a recovery pathway. The procurement options will be explored including a framework for mental health accommodation to provide sustainable local supply chain. Harrow commissions two housing

support services, one of which is related to specific accommodation, which will expire on 31 March 2021. It is proposed that these services are included and re-procured accordingly.

Recommendation 4: Lack of recognition of the full potential of the voluntary sector as a key strategic partner in the recovery and prevention pathway

44. The Review identified that there were, numerous faith and small volunteer led organisations providing support to individuals and families, which are largely unrecognised for their contribution as part of someone's recovery pathway within their own community.
45. There are several elements to build on in terms of developing the relationship and profile of the VCS. During the Review engagement with a range of VCS providers facilitated opportunities to work closely with people with lived experience of mental health service in Harrow. The VCS is represented in the work of the ICP and the development of social prescribing. By adopting a whole system approach this will ensure that there is greater acknowledgement of the contribution to community resilience.

Recommendation 5: The current support offer to Carers needs to align with the Care Act expectations

46. Family Carers provide an important element in the support of people in recovery from mental illness. Support for carers is provided by the Council, CNWL and the VCS but is fragmented and limited. Exploring how to improve this offer will be integral to implementing the Review recommendations. Officers will engage with carers to build on the baseline information gathered during the review process. The OOHP includes a workstream that focusses on Carers which will link with the implementation.

Ward Councillors' comments

47. None – effects all Wards.

Performance Issues

48. Performance is measured broadly in two ways, though 'activity' indicators drawn from electronic social care records and from survey measures taken from the two national 'user' and 'carer' surveys.
49. Survey feedback from social care clients provided with long term support from CNWL under Section 75 has improved significantly in the last few years. Significantly more people have reported feeling in control of their daily lives (53% to 74% since 2017) and having enough social contact (21% to 40% since 2017).
50. Many factors impact people's responses to surveys and it is not possible to forecast precisely what impact the proposed changes may have on this group of users. But to the extent that these changes will allow more flexibility and choice for users over their support, enable them to be

helped and treated with respect and dignity and offer opportunities for meaningful social contact, the results could be expected to continue to improve.

51. There has been no recent carers survey due to postponement because of Covid-19. The results for carers in 2018 showed Harrow's carers supported by the Council had the lowest quality of life among our nearest neighbours. The proposals here to provide more comprehensive joined up support to carers should help to improve the results.
52. Activity measures such as the speed with which assessments are completed, whether MH users can engage in paid employment and live independently, are likely to be impacted positively by the proposals in this report.
53. The support to carers in particular would be of most concern if these proposals were not progressed.

Environmental Implications

54. There are no environmental implications arising from this report.

Data Protection Implications

55. There are no data protection implications arising from this report

Risk Management Implications

56. Risk included on Directorate risk register? No
57. Separate risk register in place? No
58. The key risks for the recommendations and mitigations are outlined as follows:

Risk	Mitigation
Finance - lack of funding	The service co-production and redesign will need to be contained within the current funding levels. If there are external funding opportunities, then these will be explored across the partnership funding envelopes.
Lack of engagement with service users and services not co-produced	Continuation of engagement approach started through the review with the broadening of the reach to include wider representation of voices. Communication strategy to be developed to ensure consistent and accurate messages and information are provided.
Lack of provider interest	Engagement with providers will be carried out through soft market testing
Uncertainty for service users and staff	Engagement and Co-production of new service offer and clear communication strategy during period of transformation.
Failure to deliver services at contract end	Working group established with officers and provider representatives.

Procurement Implications

59. The contracts relating to the mental health services commissioned by the Council are presented in the table below:

Service	Provider	Total Contract value	Contract end date	Procurement options
Housing Related Support and Preventative Services Floating Support: Social Care Floating Support	Rethink	£585,000	30/04/21	The contract allows for a 2-year extension in periods of 1 year to 2023.
Enhanced Mental Health Housing Related Support Service	Look Ahead	£326,454	31/05/2021	No contract extension options
Short stay residential care for people with a mental illness (Rethink Recovery House)	Rethink	£612,500	31/08/21	No contract extension option
Community Mental Health Service (Formerly The Bridge)	Rethink	£712,000	31/05/21	Contract allows for extensions in periods of 1 year to 2024

60. The activities to co-produce the accommodation pathway will inform the development of proposals to exercise extension options to the above contracts where applicable.

61. As part of the accommodation review, the process will include exploring procurement options, undertaking a competitive procurement process or accessing via a compliant framework. These could include a mental health accommodation framework, changes to block contracts to ensure that there is an appropriate supply of accommodation using the Council's resources most effectively and avoiding unintended consequences on Housing Benefit.

62. The initial term of the Rethink contract for services from the Bridge will cease at the end of May 2021. There is the option to extend within the current contract conditions and it is proposed that this is explored to ensure continuity of provision during the Covid pandemic. This is the preferred option.

Legal Implications

63. Under the Care Act 2014, local authorities are under a duty to carry out their care and support responsibilities with the aim of joining-up the services provided or other actions taken with those provided by the NHS and other health-related services (for example, housing or leisure services). This general requirement applies to all the local authority's care and support functions for adults with needs for care and support and for carers the duty applies where the local authority considers that the integration of services will:

- promote the wellbeing of adults with care and support needs or of carers in its area
- contribute to the prevention or delay of the development of needs of people
- improve the quality of care and support in the local authority's area, including the outcomes that are achieved for local people

64. Section 117 of the Mental Health Act 1983 places a joint duty on local NHS and social services commissioners to provide aftercare services for people that have previously been sectioned under the treatment sections of the Mental Health Act, i.e. Sections 3, 37, 45A, 47 and 48. The duty to provide aftercare services begins at the point that someone leaves hospital and lasts for as long as the person requires the services.

65. The Care Act 2014 defines after-care services as:

After-care services must have both the purposes of meeting a need arising from or related to a person's mental health disorder and reducing the risk of a deterioration of the person's mental health condition and so reducing the risk of a person requiring re-admission for treatment for mental disorder.

66. Harrow delegates its s117 function to Central North West London NHS Trust under a s75 agreement.

Financial Implications

67. The financial envelope for mental health services contained within the 2020-21 Adult Social care budget totals just under £7.3m. The award of any contracts for Mental Health accommodation and services will need to be contained within the existing financial envelope.

68. This majority of this funding (£5.149m) represents the social care function for the 18 - 65's delegated to CNWL under a s75 arrangement, with the overspend risk for CNWL capped at £200k in the current financial year. The budget was increased from £3.660m in 2014-15 to the current level.

69. The remaining budget (£2.1m) represents internally provided mental health services (7, 14-15 Kenton Road, 64 Woodlands, Wiseworks) and services commissioned with external providers (Look Ahead and Rethink).

70. The 2020-21 Adult Social Care growth approved by Cabinet in February 2020, included additional funding of £150k in relation to the changes required at the Bridge to reflect the move from the original self-financed model.

Equalities implications / Public Sector Equality Duty

71. The EQIA will be incorporated into the co-production process to review and redesign services in preparation for procurement and subsequent service delivery.

Council Priorities

72. The recommendations ensure that Harrow Council fulfils its statutory duties to provide care for those people who are eligible in accordance with the Care Act and supports the Council's priorities:

73. Providing services that are preventative and support people recovering from poor mental health will contribute to: Tackling poverty and inequality by enabling access to employment, and providing person centred services, planned and delivered as an integrated systems with health and social care and the voluntary and community sector will support addressing health and social care inequality.

Section 3 - Statutory Officer Clearance

Statutory Officer: Donna Edwards

Signed on behalf of the Chief Financial Officer

Date: 30 October 2020

Statutory Officer: Sharon Clarke

Signed on behalf of the Monitoring Officer

Date: 6 October 2020

Statutory Officer: Lisa Taylor

Signed on behalf of the Head of Procurement

Date: 2 November 2020

Statutory Officer: Paul Hewitt

Signed by the Corporate Director

Date: 2 November 2020

Mandatory Checks

Ward Councillors notified? No as it impacts on all Wards

EqIA carried out? No

The EQIA will be incorporated into the co-production process to review and redesign services in preparation for procurement.

EqIA cleared by: NA

Section 4 - Contact Details and Background Papers

Contact: Johanna Morgan, Divisional Director People Services Strategy,
johanna.morgan@harrow.gov.uk

Background Papers: None

**Call-in waived by the Chair of Overview and Scrutiny
Committee**

No