


<b>Cabinet</b> 28 July 15	
<b>Report of:</b> Luke Addams; Director of Adult Services.	<b>Classification:</b> Unrestricted
<b>Mental Health Recovery &amp; Wellbeing Services</b>	

<b>Lead Member</b>	Cllr. Amy Whitelock Gibbs, Cabinet Member for Health and Adult Services
<b>Originating Officer(s)</b>	Carrie Kilpatrick/Glen Crosier
<b>Wards affected</b>	All
<b>Community Plan Theme</b>	A Healthy Community A Safe and Supportive Community
<b>Key Decision?</b>	Yes

### Executive Summary

This paper details how the Borough, together with the CCG, will further develop and implement a long standing ambition to transform day services for people with mental health issues. The aim is to deliver a more effective and efficient service model to meet local needs by developing a fully coordinated recovery orientated system of local voluntary provision. This is a key priority of the **Tower Hamlets Health and Wellbeing Board Mental Health Strategy Delivery Plan (2014-19)**.

The proposal brings together seventeen services currently provided by the voluntary sector, within one contract, with a lead provider and sub-contracted organisations working in partnership around the core principles of recovery; so enabling better service user outcomes. The proposed model is known as **Mental Health Recovery & Wellbeing Service**.

### Recommendations:

The Mayor in Cabinet is recommended to:

1. Agree commencement of a procurement process to secure provision of the Mental Health Recovery & Wellbeing Service from April 2016
2. Authorise the Director of Adult Services to finalise the overall service design, after consultation with the Lead Member and Mayor.
3. Delegate authority for the award of contract to the Director of Adult Services.
4. Agree to extend the two existing contracts with Mind in Tower Hamlets and

Working Well Trust detailed in Table 2 in paragraph 3.9 of the report until 31<sup>st</sup> March 2016.

5. Note that funding is already approved within the existing mental health base budget for 2016/17 and no funding reductions are proposed.

## **1. REASONS FOR THE DECISIONS**

- 1.1 There is now a pressing need to agree the broad principles of the recovery focused model, together with the contracting and procurement method. Current service arrangements have been maintained for the previous 3 years with 17 temporary contracts extended on a temporary year by year basis. This has resulted in uncertainty for service users and staff with reduced ability to plan support for the longer term, which can be detrimental to mental health. Key partners including the Clinical Commissioning Group and existing mental health voluntary sector providers have been involved in the development of this model since 2013 and are keen to see progress.

### **Rationale for Change**

- 1.2 The lead provider/partnership model is well established in Tower Hamlets with the older persons Link Age Plus and the Information, Advice & Advocacy service adopting a similar model. Positive learning from recent procurement exercises involving groups of local organisations have informed the proposals for mental health recovery and wellbeing services.
- 1.3 Existing mental health day services are generally valued by the people that use them, however in the past there has not been an overarching strategy that has informed this commissioning activity. This fragmented approach has led to positive outcomes for some groups but this is largely dependent on individual schemes rather than a coherent service offer consistent across the Borough. The lack of coordination between services can also make it difficult for some people to access the right support for their needs.

### **No Change – Implications**

- 1.4 The 'no change' option would mean procurement of the same service specifications that have been rolled over for the last three years. It carries significant risks and challenges and is not recommended for the following reasons:
  - Procurement of 17 separate services is unlikely to significantly increase the capacity of these services overall which would mean fewer people will be supported in the future than would be possible with a more efficient and effective delivery model.

- Separate contracts may not deliver a seamless service and would not align with local priorities in respect of closer joined up working with health and social care services.
- The proposal for a lead provider model encourages collaboration where smaller organisations can partner with larger organisations better equipped to lead on the bidding process, thus sharing risks and expertise.
- Procurement of several separate contracts and subsequent contract management will require a significant commissioning and procurement resource which is unlikely to result in an efficient use of public resources or better outcomes for local people.
- Consultation with the local voluntary sector has demonstrated that a collaborative lead provider model (via one contract) is the preferred way forward. There is positive expectation in the community that local partnerships will have the opportunity to come together to improve outcomes for an increased number of people with mental health needs in Tower Hamlets.
- ‘No change’ would ultimately undermine much of the positive work already carried out by local voluntary organisations to form a mental health provider consortium, in anticipation of this new model.

## 2. **ALTERNATIVE OPTIONS**

- 2.1 **Do Nothing** - this option is not viable, as the current contracts have been issued for a temporary period with a decision to commence procurement pending. Any further delay in tendering for new services would mean a possible breach of the Council’s standing financial instructions, if a further decision to issue new contracts without a competitive process is required, or a risk to the continuity of services.
- 2.2 **Re-procure existing services with revised contract values/specifications**  
This approach is not recommended because it is unlikely that a coherent service model would be delivered by letting up to 17 new contracts in line with existing provision. This option would carry a high risk of fragmented service provision, poor value for money, lower capacity than the proposed model and a lack of clarity or stability for service users.

## 3. **DETAILS OF REPORT**

### **Introduction/Summary**

- 3.1 The Council and the CCG currently hold 17 contracts within the mental health day opportunities service area. 13 contracts are held by LBTH and the remaining 4 held by THCCG. Pritchard’s Road Day Centre, an in house day service, is not included in the model and is unaffected by the proposed

change. The services are currently provided by 11 local voluntary sector organisations and focused on the following:

- Employment support;
  - Benefits and money advice;
  - Group activities and one to one recovery focused support;
  - Volunteer and peer support; and
  - Out of hours support.
- 3.2 The proposal brings together current services within one contract, with a lead provider and sub-contracted organisations working in partnership around the core principles of recovery; so enabling better service user outcomes. The proposed model is known as **Mental Health Recovery & Wellbeing Service**.
- 3.3 The proposal aligns with local ambition and feedback from the **Tower Hamlets Mental Health Voluntary Sector Network (VSN)** which is working towards a formal consortium/partnership arrangement with the aim of making greater impact for local people with mental health problems.
- 3.4 The approach has been informed throughout by gaining a clear understanding of local needs, aspirations and sensitivities through engagement with service users and local organisations from May to July 2014. This fed into initial service proposals which were part of **Your Borough, Your Voice** consultation in Sept/Oct 2014.
- 3.5 Full details are available in the draft **Mental Health Recovery & Wellbeing Commissioning Prospectus** which has been informed by the collaborative process with local stakeholders.
- 3.6 The total funding envelope for 2014/15 is c £1.5 mil, which includes a local NHS contribution of c£460k. Full details on the contracts can be found at Appendix One. The Cabinet decision in December 2014, determined the budget would be maintained at current levels, which has provided an opportunity to improve future services. The decision provides an opportunity to put community based mental health services on a firmer footing and provide services users with more stable support services, with increased capacity to plan ahead and support longer term mental health recovery goals.

Table 1: Financial Envelope

<b>Detail</b>	<b>Amount</b>
Adult Services	£904,375
CCG	£459,565
Better Care Fund (Recovery College)	£110,000
	£1,473,940

## Contracting Context

- 3.7 There has been a long standing ambition within the community for the current group of services to be developed into a fully coordinated recovery focussed system of local voluntary provision. This has been identified as a priority in the **Tower Hamlets Health and Wellbeing Board (THHWBB) - Mental Health Strategy Delivery Plan (2014-19)**.
- 3.8 The Cabinet decision in December 2014, determined the budget would be maintained at current levels, which has provided an opportunity for work to progress in relation to improving future services.
- 3.9 In recent years, the current contracts have been extended on a temporary year by year basis while future options have been considered and to enable consultation with mental health service users and the voluntary sector. The current contracts are due to expire at the end of March 2016, with the exception of two contracts, which expire at the end of July and August 2015.

Table 2: Contracts to be considered for extension till March 2016.

Contract Holder	Service	Contracting Authority	Annual Contract Value	Current Expiry Date	Proposed Expiry Date
Mind in Tower Hamlets	Inclusive Mental Health Service	LBTH	£234,427	31 <sup>st</sup> Aug. 2015	31 <sup>st</sup> March 2016
Working Well Trust	Employment Project	LBTH	£299,875	31 <sup>st</sup> July 2015	31 <sup>st</sup> March 2016

## Public, service user and stakeholder engagement

- 3.10 A review of mental health day opportunities took place in 2012/13, which was considered by the previous MAB in May 2013. This review included extensive consultation with 387 stakeholders, and recommended that a new model be commissioned, with a stronger focus on recovery and wellbeing, supporting service users to direct their own support, and use mainstream services.
- 3.11 The proposal, at that time, considered some fundamental changes to the use of Pritchard's Road Day Centre. The proposal did not progress any further, and an alternative efficiency savings option for Pritchards Road specifically has since been determined by Cabinet (4th Dec. 2014). This option has now been implemented through the Council's HR procedures. It has been evident throughout consultation over the previous two years that service users are strongly opposed to any perceived or actual closure of day centres or designated mental health community venues.
- 3.12 In light of this feedback, the refreshed proposals focus less on changes to 'buildings', and more on people and better individual outcomes achieved in the community. This will be enabled by:

- Stronger voluntary sector partnerships,
- Retaining local assets and infrastructure,
- Improved coordination, and
- Joined up working between the statutory, voluntary sector and wider community services.

3.13 Since the initial consultation and MAB paper in July 2013, substantial further engagement has taken place which has now resulted in a completely refreshed approach to secure better mental health outcomes in Tower Hamlets. Service users and other local stakeholders have given us consistent feedback over time about things that could be improved, along with services that are valued and should be continued. The collaborative process undertaken to establish the refreshed service model is outlined below.

3.14 From the 2013 consultation, we know local people would like to see improvements to current day opportunities services. This includes:

- Better coordination
- Better information and support to navigate through services
- More recovery orientated support
- A greater focus on wellbeing and tackling stigma
- More people to retain and get into paid employment.

3.15 From May to July 2014, ten events took place at various venues in the borough to hear the views of service users and voluntary sector providers, including seven events at day centres and community venues with service users and three service design workshops with voluntary sector stakeholders. The discussions at the events explored aspirations, opportunities and challenges for the future of mental health day opportunities. The following key issues and areas for improvement were identified:

- Mental health specific venues in the Borough provide a vital role in helping people stay well with support from staff and peers with shared experience.
- Better access to information and guidance is needed to help find resources and opportunities available to support mental health service users on a day to day basis.
- Clearer pathways and stronger links between GP Practices, secondary care and local voluntary sector mental health services.
- Investment should be made to support the voluntary sector to reach out to the most isolated and vulnerable in our communities.
- More support available for people trying to find and/or retain employment.
- More flexible and meaningful work opportunities could be created by supporting innovative and enterprising initiatives in the Borough.
- New ways to provide social activities and more out of hours support are needed.

3.16 The **Your Borough, Your Voice** consultation process in late 2014, provided the opportunity to update stakeholders on the feedback from the engagement programme, outline the proposed future model and gather feedback on savings proposals.

- 3.17 The feedback from the public was generally opposed to cuts being made from the day opportunities budget, however, the overall service model and investment proposals were not contested which is reflective of the collaborative work undertaken to establish agreement on the future service model.
- 3.18 The decision by Cabinet (Dec 2014) which determined that savings proposals (relating to services currently commissioned from the local voluntary sector) should not proceed, has enabled further work to progress. The feedback from consultation and service design workshops has now been used to produce the draft **Mental Health Recovery & Wellbeing Commissioning Prospectus**.
- 3.19 A key element of the commissioning prospectus approach has seen the commitment to work closely with local residents and voluntary sector organisations to reshape services come to fruition, with broad consensus reached on the preferred service and contracting model for the future. The prospectus reflects a jointly agreed strategic vision and proposed service design which is summarised below. Full detail is available in the prospectus.
- 3.20 This commitment to engagement with mental health service users will continue throughout the commissioning process, with bidders required to demonstrate how they have involved existing and potential service users in the design of proposals, including how and where services are delivered, to meet the diverse range of needs in the community and ensure continuity of service provision.
- 3.21 Further consultation with the Lead Member for Health and Adult Services and the Mayor will take place to finalise the overall service design.

## **The Service Proposal**

### ***Strategic Context***

- 3.22 The proposal is in line with and supports the delivery of a number priorities, which broadly align with the Health & Wellbeing Board Mental Health Strategy 2014-19, as detailed in the Table below.

<b>Priorities</b>	<b>Action</b>
<b>Specialist support and advice for residents affected by welfare changes</b>	Specialist mental health welfare benefits advice will be included within the proposed service.
<b>Joined up working and clearer pathways</b>	NHS/Council monies available in current budgets will be pooled to enable a local voluntary sector lead provider/consortium to deliver new services. Tower Hamlets CCG will contribute up to £670k to the Council contract.
<b>Increasing support to those with mental health issues</b>	The new service will be required to provide support across the Borough in ways which tackle stigma and encourage participation from people at risk of exclusion including people from BME communities.

<b>Supporting people into employment</b>	The proposed service aims to support more people into employment including those with severe and enduring mental health problems who require specialist support. The Mental Health Recovery & Wellbeing service will be a key partner within the planned employment hub
<b>Supporting Local businesses</b>	The development of the <b>Mental Health Recovery and Wellbeing</b> services has involved working closely with the local mental health voluntary sector network to determine the preferred future service model via a local consortium/partnership approach. There is on-going support for the local mental health Voluntary Sector Network.

3.23 The proposal is in line with and supports the delivery of two of the four themes of the Tower Hamlets Community Plan, namely *A healthy community* and *A safe and supportive community*. More specifically, the *Community Plan* sets out a clear objective to “enable people to live independently, particularly those with mental health problems.” The plan aims to improve outcomes for local people by bringing services together locally and better involving local people in how services are run.

3.24 Mental health is one of the four key priorities of the Health and Well Being Board (HWBB), which approved the Tower Hamlets Mental Health Strategy in February 2014. The Mental Health Strategy includes a number of commitments to build resilience in the population through mental health and wellbeing for all and supporting people to live well with a mental health problem.

3.25 Developing recovery and wellbeing services for people with mental health problems is a fundamental commitment within the Strategy in order to:

- Reduce stigma and discrimination through moving away from traditional segregated services and stigma associated with statutory day care in line with the Time to Change pledge.
- Support people to take control of their lives and access community services and support with services working together to promote recovery and wellbeing.
- Ensure that people are able to access information and support easily, and promoting positive perceptions of mental health across the Borough.
- Support the achievements, dynamism and the closeness to communities of the local voluntary sector.
- Promote service user involvement in developing and improving services.

3.26 The proposed commissioning prospectus approach supports commitment to strengthen the community and voluntary sector and the services they provide. The *Voluntary & Community Sector Strategy* (published Jan 2014) aligns closely with the mental health strategy by prioritising co-production with the local voluntary sector.

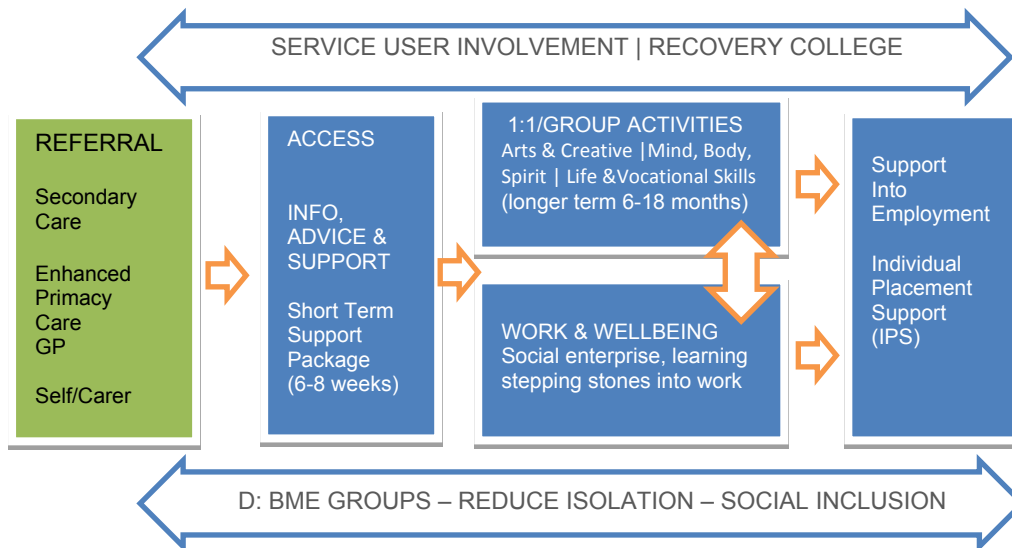
### ***The Mental Health Recovery & Wellbeing Model***

3.27 The recovery & wellbeing model will provide coordinated Borough-wide support service (or a group of seamlessly linked services) with recovery



principles objectives embedded in all aspects of the delivery model. Table 3 illustrates how the different service elements will link together to provide a coordinated seamless service with the aim of supporting recovery at the earliest opportunity with clear pathways available depending on personal goals, aspirations and needs.

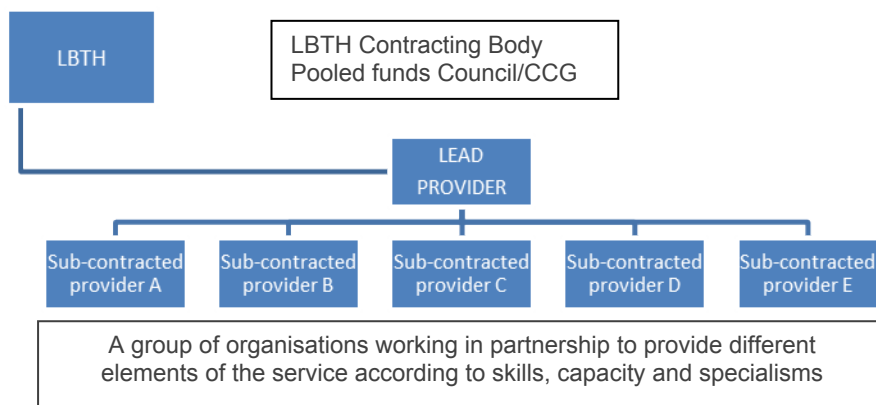
Table 3: Proposed Service Design



- 3.28 An outcomes based ('commissioning prospectus') approach has been previously agreed by senior officers in June 2014 and February 2015.
- 3.29 The procurement process will evaluate proposals based on the most economically advantageous tenders (MEAT) principle which enables the contracting authority to take account of criteria that reflect qualitative, technical and sustainable aspects of the tender submission as well as price when reaching an award decision.
- 3.30 In relation to MEAT principle, the qualitative, technical and sustainable aspects of the tender submissions will include evaluation of robust outcome measures, productivity and efficiency. Each service element within the service delivery model will require a viable budget proposal which indicates costs in relation to best value and innovative use of buildings and shared community spaces for service delivery.
- 3.31 The primary goals of the procurement process are to secure better outcomes for people with mental health needs in Tower Hamlets, in line with the Commissioning Prospectus. Alongside this, value for money, partnership with the voluntary sector, provision which meets the diverse needs within the local community and service user engagement will be crucial considerations. These principles will be built into the contracting and subcontracting arrangements.

Present 2015	From April 2016
<ul style="list-style-type: none"> <li>• 17 Contracts for day opportunities .</li> <li>• 11 Organisations</li> <li>• Stand-alone schemes</li> <li>• Fragmented provision</li> <li>• Multiple referral routes</li> <li>• No coherent system-wide offer</li> </ul>	<ul style="list-style-type: none"> <li>• Borough wide Recovery &amp; Wellbeing Model</li> <li>• One single contract with lead provider</li> <li>• Number of sub-contractors to be determined through tender process</li> <li>• Single access point and clear recovery focussed pathways embedded within the design</li> </ul>

Table 4: Lead Provider Contracting Model



#### 4. **COMMENTS OF THE CHIEF FINANCE OFFICER**

- 4.1. The total funding envelope for the contracts which are to be retendered is £1,473,940, this would represent the 2016/17 available budget without achieving any savings in this area and is inclusive of CCG and BCF monies of £569,565. The council's contribution is £904,375.
- 4.2. The proposal is to commence procurement with the aim of bringing together current services within one contract with a lead provider and sub-contracted organisations working in partnership. One of the key financial aims of this procurement exercise should be to maximise the opportunity to secure economies of scale and better value for money.

## **5. LEGAL COMMENTS**

- 5.1. The report proposes that the Council procures a number of mental health related services within the umbrella of a single procurement exercise which has been titled as the Mental Health Recovery & Wellbeing Service (the Services). The Council has various duties to meet the needs of people experiencing mental health issues principally under the Mental Health Act 1983, the National Health Service Act 2006, the Health and Social Care Act 2012 and the Care Act 2014.
- 5.2. The estimated value of the Services exceeds the relevant threshold contained in the Public Contracts Regulations 2015 (the Regulations) and they fall within the remit of “social and other specific services” in accordance with regulations 74 and Schedule 3 of the Regulations. In view of this the Council is required to fully comply with the Regulations and subject the Services to a level of competition to ensure compliance with the principles of transparency and equal treatment. The Council will be required to place an advert in the Official Journal of the European Union (OJEU) together with a further notice in the OJEU when a contract is awarded.
- 5.3. A ‘lead contractor and sub-contracting model’ is being sought for the Services which, it is hoped, would result in better co-ordination of the various contracts within one integrated agreement. In light of this and given the scale of the proposed delivery model, proper consideration should be given in the procurement process to mobilisation, resource and employment issues (particularly under the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE)), in order to maximise efficiencies at the contract award stage and minimise the risk of material variations being sought to any awarded contract.
- 5.4. As drafted, the recommendations in the report require the Director of Adult Services to finalise the overall service design after consultation with the Lead Member and Mayor. This process may be followed, provided the head of paid service, chief financial officer and monitoring officer are satisfied with it. The directions made by the Secretary of State on 17 December 2014 under section 15 of the Local Government Act 1999 require the Council to adopt all recommendations of the statutory officers in relation to the processes and practices to be followed in relation to entering into contracts, unless the Commissioners’ prior written agreement is obtained not to do so.
- 5.5. It is proposed to extend two of the existing contracts for periods of seven and eight months, respectively, to enable the procurement to be completed. The values of these extensions are below the threshold specified in Schedule 3 to the Public Contracts Regulations (£625,050) and, accordingly, there should be no requirement for publication in the OJEU of either the contract opportunities or the awards. The Council’s obligation under the Regulations is to follow a fair and transparent process. The proposed awards do not meet these requirements and this may expose the Council to challenge. However, given the values are below the relevant threshold, the remedy of ineffectiveness should not be available to a potential challenger.

- 5.6. In addition to its obligations under the Public Contracts Regulations, the Council has a duty under the Local Government Act 1999 to make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness. This is referred to as the Council's best value duty.
- 5.7. One of the ways in which the Council achieves best value is by subjecting its purchases to competition in accordance with its procurement procedures and the Public Contracts Regulations 2006. The proposed contract extensions do not involve competition and therefore, the Council would not be following its own Procurement Procedures. The proposed contract extensions would thus require a specific waiver of the Council's procurement procedures. Relevant grounds for consideration are set out in section 12.1 of the procurement procedures and include the following: "the nature of the market for the works to be carried out or the supplies or services to be provided has been investigated and has demonstrated that only a single source of supply is available, *or it is otherwise clearly in the Council's interest to do so*".
- 5.8. Reasons are provided in the report as to why it may be considered appropriate to deviate from the Council's procurement procedures, which may be summarised as follows:
- the Council has conducted preparatory work and intends to conduct public procurement as quickly as possible from the date of any Cabinet approval;
  - the two contracts will terminate in conjunction with the award of a contract under the procurement;
  - the remaining contracts have been extended under the Council's Scheme of Delegation in order for alignment with the procurement;
  - the Council is obligated to continue to provide services in accordance with its statutory functions and it would be undesirable for no services to be provided until the procurement process has been completed and may in certain circumstances lead to the Council breaching other statutory obligations; and
  - it is in the Council's interests to align the two services together with the others in conjunction with the award of a contract under the procurement exercise.
- 5.9. There is a risk of challenge to the proposed contract awards for alleged non-compliance with the duties outlined above. The risk is lessened as the Council clearly has a pragmatic reason for requiring these short term contracts and has some basis, by reason of the preparatory steps taken, for demonstrating that it is not the Council's long term intention to avoid competition.
- 5.10. The Council is required by the Public Services (Social Value) Act 2012 to consider how its procurement activities might secure the improvement of the economic, social and environmental well-being of Tower Hamlets. The Council may be satisfied that due regard has been given to these duties in light of the consultation that has been carried out in relation to the Services.

- 5.11. The continuation of a jointly commissioned service between the Council and the CCG meets with the Council's general duty to promote integration of care and support with health services under s.3 of the 2014 Act. NHS bodies, including the CCG, have similar obligations to promote integration of care and support services under the Health and Social Care Act 2012.
- 5.12. The Council is under a general duty by virtue of section 5 of the Care Act 2014 to promote diversity and quality of the provision of services within the Borough. This new duty placed on the Council requires it to facilitate and shape the local market for adult care and support as a whole, so that it meets the needs of all people in the area whether funded by the Council or in other ways. The Care and Support Statutory Guidance published to support the 2014 Act advises that the Council should review the way it commissions services as this is a prime way to achieve effective market shaping and directly affects services for those who have a need for care and support.
- 5.13. The Council is obliged to ensure that the procurement, contract management and monitoring systems provide a direct and effective link to care service managers and social workers to ensure that the outcomes of service delivery matches individual care and support needs and that, where the Council arranges services, people are given a reasonable choice of provider.
- 5.14. When commissioning services, the Council must pay particular attention to ensuring that providers have clear arrangements in place to prevent abuse or neglect. This includes ensuring any potential provider has robust processes in place to investigate the actions of members of staff.
- 5.15. Before deciding to proceed with the procurement of the Services, the Council must have due regard to the need to eliminate unlawful conduct under the Equality Act 2010 (e.g. discrimination), the need to advance equality of opportunity and the need to foster good relations between persons who share a protected characteristic and those who do not (the public sector equality duty). The level of equality analysis required is that which is proportionate to the function in question and its potential impacts.

## **6. ONE TOWER HAMLETS CONSIDERATIONS**

- 6.1. There is a strong equalities strand to this proposal; with future services commissioned to ensure the needs of both BME and marginalised groups are adequately addressed. The overall aims of the new model are to both improve services for existing service users and reach a wider group of people who need support with their mental health.
- 6.2. As indicated in Table 3: Proposed Service Design, one of the service elements to be included in the new delivery model is targeted towards marginalised and harder to reach groups including BME groups. There are currently culturally specific services aimed at Bangladeshi, Somali, African Caribbean, Vietnamese and Chinese adults with mental health problems at risk of exclusion. Provider organisations within current contractual obligations are required to consult with service users on potential changes to services

and future improvements. This is reported to commissioners quarterly during 2015/16.

- 6.3. The proposed model explicitly aims to provide greater opportunity and better outcomes to people from all Tower Hamlets communities including BME groups. The current proposals aim to ensure all BME groups currently supported have improved access to a range of support activities. Requirements for prospective future providers will be to ensure cultural needs are met through employment of staff with appropriate skills and understanding of diverse Tower Hamlets communities.
- 6.4. The decision made by Cabinet (Dec 2014) to maintain existing funding means there are no plans for service reduction and a more effective and efficient delivery model will provide increased coverage and range of support available. The focus of the commissioning activity is to develop new services in addition to enhancing and increasing capacity in current provision where this is the most effective route to improved outcomes for service users.
- 6.5. During the Your Borough, Your Voice consultation in Sept. 2014 an Equality Impact Assessment was carried out to determine specific impact of a service change relating to employment services for Bangladeshi Men and Women. The conclusion was that in the event of any change to existing services there would be adequate provision in Tower Hamlets to support the needs of current service users.
- 6.6. The current arrangements include several 'stand-alone' BME projects which currently cater for small numbers. The proposed model will develop these schemes further and increase visibility and opportunity for BME groups.

## **7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT**

- 7.1 The design, development and running of any new services will follow best practice and the Council's Environmental Strategy.

## **8. RISK MANAGEMENT IMPLICATIONS**

- 8.1. Through the project initiation stage a full risk log will be maintained with significant risks reported through the Council and CCG Governance arrangements for the programme. The risks identified at this stage are outlined in the table below:

<b>Risk</b>	<b>Mitigation</b>
Approval to commence procurement is delayed resulting in reputational risks and non-competitive contract awards rolling over again into 2016/17.	To date the level of engagement and consultation has indicated support for the proposed programme which will assist and inform the decision making process
In addition, the proposed model	The proposed model includes an access, advice and

seeks to support Council obligations relating to the Care Act and additional duties which includes adults with mental health problems.	short term service element which aims to support Care Act obligations.
Resource issues and competing priorities impact delivery milestones	Dedicated PM resource in place provided by THCCG.
Issues not identified will emerge in the service specification process and will impact milestones	Maintain risk/issues log and ensure robust project governance structure is in place
Required approvals not forthcoming	Report within timescales within sufficient information for decisions to be made
Perceived adverse impact, resistance to change or fear of service discontinuity among service user groups	Continue with engagement and encourage collaborative design with service users/local providers and embed this commitment within the procurement process  Ensure bidders include service continuity measures within their proposals
Capacity issues for voluntary sector organisations to be able to respond to this tender and the specific delivery model of a Lead Provider.	Consultation with current and potential future providers and by working with the TH Voluntary Sector umbrella organisation, THCVS, to address any issues around this. Further capacity building support for the lead provider partnership will be provided by the CCG during mobilisation period
Loss of diverse or niche voluntary service provision to meet the needs of different communities	The model is designed to enable smaller providers to partner with larger organisations. Embed diversity of service provision to meet a range of needs in the procurement process.

## **9. CRIME AND DISORDER REDUCTION IMPLICATIONS**

- 9.1 By promoting and supporting recovery focussed activities, delivering quality support services including low and higher level interventions, the proposals seek to enable people to achieve their full potential encouraging participation in meaningful activities and reducing risk of criminal activity and antisocial behaviour.
- 9.2 This will be underpinned by the collaborative approach to partnership working which is core to the commissioning approach and supported by challenging outcomes targets to encourage people with mental health problems into employment, training and education.

## **10. EFFICIENCY STATEMENT**

10.1 It is anticipated the proposed service will deliver best value and an efficient model by offering a coordinated access route enabling improved outcomes monitoring. This will be supported by clear pathways for reducing isolation, accessing mainstream opportunities, access to training, education and employment. Other benefits are:

- Better and reduced contract monitoring through a reduction of contracts. This will ultimately lead to a better use of commissioning resource through streamlined contracts
- More responsive and flexible service delivery model through outcome based contracts and better use of commissioning resource through streamlined contracts.
- More consistent service delivery across the Borough.

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### **Linked Reports, Appendices and Background Documents**

#### **Linked Report**

- None

#### **Appendices**

- Appendix 1: Mental Health Day Services Current Contract Values 2015/16
- Appendix 2: Draft Mental Health Recovery & Wellbeing Commissioning Prospectus

#### **Background Documents – Local Authorities (Executive Arrangements)(Access to Information)(England) Regulations 2012**

- None

#### **Officer contact details for documents:**

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## Appendix 1: Mental Health Day Services Current Contract Values 2015/16

Provider	Service	Contract Holder	2014/15 annual contract value	NHS funding	LA funding
Beside	Beside	LBTH	£58,654		£58,654
Community Options	Voluntary Sector Network	LBTH	£8,318	£8,318	
Community Options	Service User Involvement Project	LBTH	£84,034	£38,438	£45,596
Mind in Tower Hamlets	Evening Service	LBTH	£68,201	£56,113	£12,088
Mind in Tower Hamlets	Inclusive Mental Health Service	LBTH	£234,427		£234,427
Mind in Tower Hamlets	Welfare Rights	LBTH	£69,962		£69,962
Mind in Tower Hamlets	Complementary therapies	LBTH	£28,815		£28,815
Praxis	Support Project	LBTH	£42,024		£42,024
St. Hilda's	Bondhon Project	LBTH	£42,819		£42,819
Mellow	African Caribbean Support Group	LBTH	£13,992		£13,992
Vietnamese Mental Health Organisation	Support Group	LBTH	£41,623		£41,623
Working Well Trust	Employment Project	LBTH	£299,875		£299,875
Bangladeshi Mental Health Forum	Forum	LBTH	£4,500	£4,000	£500
Bowhaven	Bowhaven	CCG	£116,500	£102,500	£14,000
Community Options	Support Advice & Recovery Service	CCG	£196,202	£196,202	
Working Well Trust	Rework*	CCG	£210,690	£210,690	
Hestia	Befriending Scheme	CCG	£53,994	£53,994	
<b>Sub Totals</b>			<b>£1,574,630</b>	<b>£670,255</b>	<b>£904,375</b>