

MUNICIPAL YEAR 2018/2019 REPORT NO.

Part 1

MEETING TITLE AND DATE:

Portfolio Decision by:
Bindi Negra
Director of Health & Adult Social
Care
And
Cllr Cazimoglu

Key Decision: KD 4464

REPORT OF:

Doug Wilson
Head of Service Development

Agenda – Part 1

Item:

Subject: Enfield Council and Enfield Clinical Commissioning Group (CCG) joint commissioning for Community Rehabilitation Support Service

Cabinet Member:
Councillor Cazimoglu,
Cabinet Member for Health and Social Care

Contact officer and telephone number:

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1. EXECUTIVE SUMMARY

- 1.1 This Delegated Authority Report sets out details of the current support provision for Enfield residents with high mental health needs that require more intensive support within the community.
- 1.2 Part 2 of this report proposes the remodelled service.

2. RECOMMENDATIONS

- 2.1 To agree the proposal to remodel and retender the pathway for service users with high/complex mental health needs, currently in secure units or locked rehab, requiring a well-supported transition back into the community.

3.0. BACKGROUND

- 3.1 Currently the medium to high need support for mental health service users is in part delivered by One Housing Group.
- 3.2 The current provision delivers support into 22 units of accommodation based across two sites.

- 3.3 These services based at Park Road Edmonton and Emerald House Ponders End; although effective at delivering support to service users with medium to high mental health needs are currently staffed inappropriately to support service users with complex behavioural needs or who require clinical or psychological support.
- 3.4 Enfield CCG and Enfield Council are recommissioning a pathway that supports service users moving from a complex care inpatient rehabilitation service / Acute Mental Health Ward; initially into an intensive support environment that works closely with the Mental Health Trust rehabilitation team; providing a wraparound support environment for service users at the scheme.
- 3.5 There are approximately 120 service users in acute wards that might move into the locked rehab for intensive support. Currently there are 10 male and 6 female service users on the locked ward with an average length of stay of 12 months. Not all these service users will require high end support services. The aim is to move safely those service users into a community setting in a phased way that keeps the intensive support whilst they make the transition.
- 3.6 Due to the requirement of having appropriate accommodation, the proposed tender will be for accommodation and support combined for an initial contract length of 3 year with options to extend for a further two sets of two years subject to satisfactory levels of quality service delivery.
- 3.7 This proposal will provide a clear pathway from the acute wards back into the community but conversely a pathway that allows people who might go into crisis the option to access intensive services that do not require them being readmitted onto an acute ward.
- 3.8 The pathway in and out of this service through the Mental Health Resource Panel.
- 3.9 Permission to go to tender was granted by the Procurement Board on the 20th September 2018.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 See part 2 of this report

5. Recommendations

- 5.1 To agree the proposal to remodel and retender the pathway for service users with high/complex mental health needs, currently in secure units or locked rehab, requiring a well-supported transition back into the community.

6. COMMENTS OF THE DIRECTOR OF FINANCE AND CORPORATE RESOURCES AND OTHER DEPARTMENTS

6.1 Financial Implications

See part 2 of the report

6.2 Legal Implications

6.2.1 The Council has the power under section 1(1) of the Localism Act 2011 to do anything that individuals generally may do provided it is not prohibited by legislation and subject to Public Law principles.

6.2.2 Additionally Section 111 of the Local Government Act 1972, enables local authorities to do anything, which facilitate or are conducive or incidental to the discharge of their functions.

6.2.3 The services which are the subject of this report are above the threshold (currently £615,278.00) for Schedule 3 Services (Social and other Specific Services) under the Public Contracts Regulations 2015 (the Regulations). Therefore a European tendering exercise will be required in accordance with the Regulations.

6.2.4 The decision to procure these services is a Key Decision as it involves expenditure of £250,000 or above (see CPR 1.22.4). Therefore it must comply with the Council's governance process in respect of Key Decisions including publication of the proposed decision in the Forward Plan.

6.2.5 The Council will also need to comply with its own Contract Procedure Rules in respect of the award of the contract. Before any decision to award a contract is made, advice must be taken from the Director of Law and Governance on the appropriate mechanism for that decision.

6.2.6 The Director/Cabinet Member has power to authorise the procurement under CPR 1.22

6.3 Procurement Implications

6.3.1 This procurement has followed a restricted competitive procurement process conducted in accordance with The Public

Contracts Directive 2014/24/EC, as implemented by the 2015 Regulations.

6.3.2 Agreement to go to procurement was granted by the Procurement Board on the 20th December 2018.

7. KEY RISKS

7.1 See part 2 of the report.

8 IMPACT ON COUNCIL PRIORITIES

8.1 Good homes in well-connected neighbourhoods

The proposed tender is assisting service users to reintegrate safely back into the community.

8.2 Sustain strong and healthy communities

It creates a pathway of support that meets service user's needs as they improve their wellbeing and gain greater independence.

8.3 Build our local economy to create a thriving place

As service users gain greater independence they will add to the local economy.

9. PERFORMANCE MANAGEMENT IMPLICATIONS

9.1. The contract and service utilisation will be regularly monitored. The new pathway will arrangements will help improve the Mental Health delayed transfer of care.

10 HEALTH AND SAFETY IMPLICATIONS

10.1 No Health & Safety implications have been identified.

11. Background Papers

11.1 No Background Papers have been attached