

**MUNICIPAL YEAR 2019/2020 REPORT NO.**

**MEETING TITLE AND DATE:**

**Agenda – Part: 1**

**Item:**

Portfolio Decision by:  
**Councillor Cazimoglu**  
**Cabinet Member Health and Adult Social Care**

Subject: **Mental Health rehabilitation step-down service**

**Wards: All**

**Bindi Nagra**  
**Director of Health and Adult Social Care**

Cabinet Member consulted:  
**Councillor Cazimoglu**

**Key Decision: KD 4981**

REPORT OF: **Doug Wilson**  
Head of Service Development

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**1. EXECUTIVE SUMMARY**

- 1.1 This report provides background information to the tender of the new Mental Health step down service. This is joint contract with Enfield Clinical Commissioning Group providing a recommissioning a pathway that supports service users moving from a complex care inpatient rehabilitation service / Acute Mental Health Ward
- 1.2 This Key Decision report seeks approval to award a contract to the successful bidder following an open competitive procurement process as detailed in Part 2 of this report.

**2. RECOMMENDATIONS**

- 2.1 That approval is granted to award the contracts to the bidders specified in Part 2 of this report for a period of 36 months (2020 to 2023), with an option to extend for a further two consecutive 24 months (total 48 months: 2023-2025 and 2025 to 2027, subject to satisfactory performance in accordance with the contract).
- 2.2 Further information, the quality scores and financial information can be found in part 2 of this report.

### **3. BACKGROUND**

- 3.1 Currently the medium to high need support for mental health service users is in part delivered by One Housing Group. These services are based at Park Road Edmonton and Emerald House Ponders End.
- 3.2 The current provision delivers support into 22 units of accommodation based across two sites. This service does not currently offer clinical rehab support to people with mental ill health with complex behavioural needs stepping down from hospital or residential care settings.
- 3.3 Within Enfield there is currently no appropriate provision for high need service users requiring support from the in-patient wards or secure units back into the community. Current service users either end up being placed in expensive residential care settings or they are placed in expensive out of borough settings. This proposed model of care focuses more on multi-disciplinary rehabilitative support within the community.
- 3.4 Enfield CCG and Enfield Council recommissioned 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 ward, including forensic services, that might move into the locked rehab for intensive support.
- 3.6 The referrals in and out of this service will be managed through the Mental Health Resource Panel.
- 3.7 Permission to go to tender was granted by the Procurement Board on the 20<sup>th</sup> September 2018.

### **PROCUREMENT EXERCISE**

- 3.8 On 16<sup>th</sup> July 2019, a contract notice ([2019/S 136-335409](#)) was placed in the Official Journal of the European Union (OJEU). The tender was also advertised through the Contract Finder and the Council's e-tendering system – the London Tenders Portal.
- 3.9 A restricted procedure was followed where ten (10) candidates applied. Seven candidates were shortlisted and invited to submit bids. Out of those seven shortlisted, three (3) companies submitted compliant bids. Following the tender submissions, the proposals have been assessed by Council and CCG Officers including tender clarification presentations and site visits.

3.10 Further information is provided in Part 2 Report.

#### **4. ALTERNATIVE OPTIONS CONSIDERED**

4.1 To spot purchase individual placements through a range of providers with each placement being individually negotiated. There are two main drawbacks:

- firstly spot purchasing does not guarantee a supply of accommodation and without a block contract vacant units might be let to other boroughs.
- No consistency of pricing; prices might fluctuate based upon individual service user's needs or demand and supply pressures, making longer term budget forecasting less accurate.

4.2 Not to procure. There is currently a demand for this service. This would inevitably result in delayed transfers of care from hospital and higher risk of inappropriate placements and out of borough placements. There is also a risk that individual arrangements would not be appropriately joined up and co-ordinated risking a breakdown in the arrangements and readmission in-patient facilities.

#### **5. REASONS FOR RECOMMENDATIONS**

5.1 See part 2 of this report

#### **6. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

##### **6.1 Financial Implications**

6.1.1 See part 2 of this report

##### **6.2 Legal Implications**

6.2.1 See Part 2 of this report

##### **6.3 Property Implications**

6.3.1 No property implications

##### **6.4 Procurement Implications**

6.4.1 Any procurement must be undertaken in accordance with the Councils Contract Procedure Rules (CPR's) and the Public Contracts Regulations (2015).

6.4.2 The award of the contract, including evidence of authority to award, promoting to the Councils Contract Register, and the uploading of executed contracts

## RESTRICTED

must be undertaken on the London Tenders Portal including future management of the contract.

6.4.3 All awarded projects must be promoted to Contracts Finder to comply with the Government's transparency requirements.

6.4.4 The business case came to the P&C Review Board on the 20<sup>th</sup> September 2018 and was agreed.

6.4.5 It is expected that the service will carry out robust contract management, and that a review will be undertaken in plenty of time prior to each of the extensions to ensure that VFM is delivery and that it continues to meet the needs of the service through the life time of the contract.

## 7 KEY RISKS

7.1. See part 2 of this report.

## 8. IMPACT ON COUNCIL PRIORITIES

### 8.1 Good Homes in well connected neighbourhoods

This new service will provide the appropriate accommodation for service users moving back into the community.

### 8.2 Sustain strong and healthy communities

This service provides the opportunity for mental health service users to move back into the community and continue their rehabilitation and improve their wellbeing and life opportunities.

### 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 EQUALITIES IMPACT IMPLICATIONS

An assessment has been undertaken there are no identified issues to the commencement of this service.

## 10 PERFORMANCE MANAGEMENT IMPLICATIONS

The contract has key performance indicators including utilisation and throughput, these will be monitored on a quarterly basis. As rehabilitation and move-on is key to the success of this service; the service users progress against their outcome star, service engagement, adhering to medication compliance will be discussed with the multi disciplinary team and tracked on an individual basis.

## 11 HEALTH AND SAFETY IMPLICATIONS

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No Health & Safety implications have been identified.

**12 HUMAN RESOURCES IMPLICATIONS**

None. Enfield Council will not employ the staff.

**13 PUBLIC HEALTH IMPLICATIONS**

No Public Health implications have been identified.

**Background Papers**

None