

Outline Service Specification

Wandsworth Community Based Mental Health Service

1. Introduction

The Joint Commissioning Strategy for Working Age Adults with Mental Health Problems progresses the personalisation and self directed support agenda. It builds on Wandsworth's Joint Strategic Needs Assessment and Mental Health Needs Assessment completed in 2009 and is one of the steps in the "Putting People First" agenda for change which is necessary for the delivery of transforming social care.

The Council is fully committed to self directed support and has put systems in place so that the needs of Service Users are assessed or re-assessed using self directed support processes. This Contract and the Support services included in it form a key complementary part of the development and delivery of self directed support for adults with mental health conditions living in Wandsworth.

2. Background

At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time.

People with mental health problems are also more likely to engage in behaviours that increase the risk of poor mental health for example people with severe mental health problems are more likely to have poor diets, take less exercise, smoke heavily and be dependent on alcohol thus increasing the risk of illness such as cardiovascular disease. Those with mental health problems are also less likely to be offered or receive regular health review and reviews of their medication.

Nationally, the modernisation of mental health day services is described in the report Redesigning Mental Health Day Services, published by the Care Services Improvement Partnership (2005). From Segregation to Inclusion: Where Are we Now?" (2008). Together, the reports advocate the need to transform day services into community resources that promote social inclusion through improved access to mainstream opportunities. Locally, current contractors have been working since 2006 to modernise mental health day services in Wandsworth.

Three third sector organisations are currently commissioned by Wandsworth Council (as lead commissioner on behalf of the Council and NHS Wandsworth) to deliver community based mental health services. Contracts for the current services with Family Action and Together (and a third BME drop in service run by Tooting Neighbourhood Centre) expire at the end of March 2013.

3. Context and Evidence Base¹

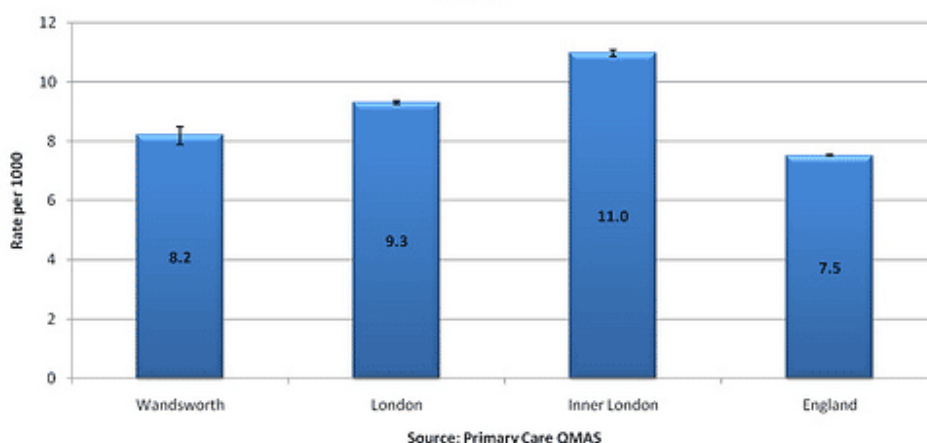
Wandsworth has a greater mental health need than the four other PCTs in SW London as measured by the Mental Illness Needs Index 2000 (MINI 2K) – Wandsworth's score is 1.45, compared to an English average of 1.00 and scores of 0.82 in Sutton, 0.79 in Croydon, 0.70 in Merton and 0.63 in Kingston and Richmond and Twickenham. The six most deprived wards in Wandsworth by IMD score also have the highest MINI 2K scores, Job Seekers Allowance claimant rates and lone parent claimant rates in Wandsworth.

Wandsworth has the highest estimated annual prevalence rates of all types of common mental disorder and of people experiencing symptoms of severe mental illness in South West London. The rate for neurotic disorders is 200 per 1,000 population in Wandsworth compared to 182 in London. For phobias the rate is 24 per 1,000 population in Wandsworth (22 in London), depressive episodes 38 per 1,000 (35 in London), generalised anxiety disorder 57 per 1,000 population (53 in London), mixed anxiety depression 94 per 1,000 (84 in London) obsessive compulsive disorder 17 per 1,000 (15 in London) and panic disorder 9 per 1,000 (8 in London).

Primary care mental health register

The following chart plots the rate in Wandsworth against London, Inner London and England. Confidence intervals displayed on the top of each bar can indicate if the differences between the comparators are statistically significant. The prevalence rate of those on the mental health register in primary care 2008-09 was significantly higher in Wandsworth (8.2) compared with England (7.5). However the rate in Wandsworth was significantly lower compared with Inner London (11.0) and London (9.3).

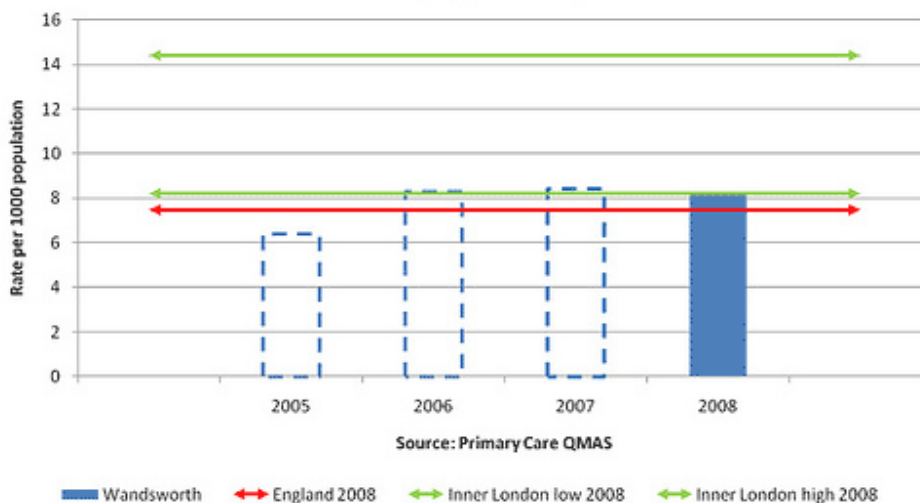
Mental health register in primary care (per 1000 population 2008)



¹ Data extracted from the Wandsworth Mental Health Needs Assessment produced by Public Health in 2009

The mental health register held at GP level during 2008/09 indicates a prevalence of serious mental illness for all adults of between 7.4 per 1000 in West Wandsworth and 9.8 per 1000 in Balham, Tooting and Furzedown. The highest number of mental health admissions is from West Wandsworth (418) and the lowest from Central Wandsworth (280). GP records show a prevalence of depression of 6.7% in the Wandsworth Population aged 18 or over – below the prevalence across London of 7.2% and the England-wide rate of 10.2%.

Trend, mental health register in primary care (per 1000 population)



This chart demonstrates the Wandsworth trend, with previous years plotted as dashes. The range of rates for Inner London PCTs are given within green lines for 2008, and the rate for England in 2008 is displayed as a red line. The rate of patients on a mental health register has been stable from 2006 to 2008. In 2008, Wandsworth PCT had the lowest rate of patients on a mental health register in Inner London (8.2).

Day care services in Wandsworth are funded by Wandsworth Borough Council & NHS Wandsworth. From 2007/08 to 2008/09 three out of five centres (Bedford Hill, Edward Wilson House and Triangle) were under-utilised.

A significant proportion of a GPs workload will cover mental health issues. In many cases, a brief intervention may reduce the necessity for a referral to specialist mental health services if their patient's needs can be managed in a community setting. These brief interventions might include help with debt management, accessing housing or employment support, navigating mental health services and some case management.

The percentage of adults in Wandsworth receiving secondary mental health care who are in employment remains low, at 14%, despite investment in employment support.

4. Purpose of the Service

The Service direction is supported by national directives including the London Health Programmes Models of Care document (2011) and No Health without Mental Health (DoH, 2011).

The primary aim of the Service is to provide high quality, short term, community based re-ablement support for people aged over 18 years with an identified mental health problem which supports their recovery and independence, ensuring their status as a valued citizen participating in community life.

The secondary aim of the Service is to provide a 'safety net' service for service users who may have a chronic mental health problem which results in irregular presentation for which Services purchased using a personal budget may not be realistic at the current time.

5. Service Description

The Council is seeking to appoint a lead contractor to provide a re-ablement service for people with mental health problems living in Wandsworth. The lead contractor will be expected to explore the option of subcontracting the Safety Net aspect of the Service to appropriately qualified, capable local organisation/s, with preference for user led organisations.

The Service will act as a point of access for referrals from GPs who consider their patient is experiencing a mental health problem and from teams at South West London and St George's Mental Health Trust who are working with Service Users who may have a diagnosis of a severe and enduring mental health problem who would benefit from accessing support from a recovery focused community based Service.

The Service will work with people to help them to identify their strengths, coping mechanisms, self management skills, and to develop goals for the future.

Following an initial assessment, staff will work with Service Users to identify realistic aims and determine the required intervention. This may involve onward referral to other agencies through the provision of information and signposting. If ongoing support is likely to be required beyond the six week re-ablement period, the Service should work with social work professionals to enable Service Users to apply for a personal budget for the purpose of achieving longer term recovery goals.

The Service shall work collaboratively with other providers and the wider community, adopting a holistic and systemic approach to assessing and addressing need, with due regard to the local Joint Strategic Needs Assessment. The Service shall communicate regularly including face to face with:

- GPs and other primary healthcare professionals;
- South West London & St George's Mental Health Trust professionals, including the Recovery College;
- Community Support Services (Housing, Employment, Vocational, etc);
- Other statutory external agencies (Children's Services, Adult Care, Criminal Justice);
- Non statutory agencies (other voluntary sector service providers).

The Service shall comply with statutory regulations including the:

- Mental Health Act 2007;
- Mental Capacity Act 2005;
- Children Act 1989;
- Think Child, Think Parent, Think Family 2009
- London Multi-Agency Policy and Procedures to Safeguard Adults from Abuse;
- London Multi-Agency Policy and Procedures to Safeguard Children from Abuse.

The Service shall employ appropriately skilled and trained staff who have a recovery oriented, psychosocial value base and are capable of interventions as appropriate to:

- provide recovery focused planning, psychological and practical support, based on recovery best practice guidance;
- facilitate access to employment, housing, debt services, social and leisure pursuits and other voluntary sector services relevant to assist people to achieve their personal recovery goals;
- work with other agencies, including all referrers and secondary mental health services to ensure people are supported in the most appropriate way;
- plan and facilitate groups to enable service users to develop independent living, self management and other skills;
- encourage and develop peer support networks and a collaboration approach to meeting need as appropriate;
- ensure that parents with mental health problems receive encouragement and assistance as necessary, to engage with Children's Services and other identified support networks designed to improve parenting and safeguard children and young carers.

The Service shall provide Services in an anti-discriminatory manner and with due regard and respect for Service Users 'race', age, culture, religion, preferred language, gender, sexual orientation and disability.

6. Users of the Service

The remit of the Service will be to work with:

- Adults (aged 18 plus) with an identified mental health problem; who are:
 - Residents of the London Borough of Wandsworth; and/or
 - Registered with a GP practice in the London Borough of Wandsworth.
- Family and carers of people with mental health problems, taking account of the issues and management of confidentiality and the paramount principle in relation to child safeguarding.

7. Key objectives of the service

The objectives/expected outcomes of the Service are to:

- offer short term interventions to support recovery goals;
- improve outcomes in relation to wellbeing, social and economic participation including employment;
- improve self management of mental health conditions;
- encourage the formation of good social support networks which contribute to improved mental health;
- proactively engage, sustain and review contact with people who experience chronic conditions for whom an occasional drop in service is a life line and potential driver for greater independence and community involvement.

8. Service to be provided (including details of output requirements)

The key outputs are to:

- work with a minimum of 200 referrals annually;
- establish a re-ablement service of, on average, six weeks duration to offer person centred interventions which include; one to one support; problem solving; linking with mainstream resources and community networks;
- achieve a high proportion of positive outcomes and successful move on to greater independence for at least 80% of Service Users referred to the re-ablement Service;
- recruit a diverse team of workers with high quality interpersonal, psychosocial skills, representative of the community they will serve, with a good knowledge base and trained to deliver recovery focused interventions to 100% of people referred to the Service;

- establish subcontracting arrangements with a minimum of two local organisations (with preference for these to be user led organisations) to deliver at least twice weekly ‘drop in’ services operating flexible opening hours which is responsive to the specific needs of women and BME service users in a minimum of two localities, one to be in West Wandsworth, the other in the Balham, Tooting & Furzedown area;
- proactively engage with Wandsworth Council, local networks (for example the Wandsworth Community Empowerment Network) and community agencies to develop the knowledge and skills necessary to provide information and signposting to 100% of service users referred to the Service;
- proactively collaborate with social workers and other professionals to ensure timely social work/professional interventions to facilitate the delivery of Personalisation and Self Directed Support through Direct Payments and managed budgets for people identified as having ongoing eligible social care needs – completing eligibility assessments, Personal Needs Questionnaires and support plans as appropriate to maximise service continuity;
- provide brokerage for Personal Budget users;
- identify concerns and offer crisis management – communicating quickly with professionals, family, carers or other networks, if a person using the service shows signs of deteriorating mental health.

9. Location of service

The Service should be based at a venue which is easily accessible via the main public transport links around the London Borough of Wandsworth. The Service should facilitate travel by staff to venues around the Borough, reflecting the needs of Service Users. Home visits must only be undertaken in accordance with a lone working protocol, which should make use of the Borough’s “Check before Contact” Register (formerly the Aggressive Person’s Register).

1 Bedford Hill is a council owned building used by one of the current contractors and could be available for the new contractor, pending negotiation.

The main Contractor is encouraged to explore the option of sub-contracting to other local providers/user led groups the drop in service, preferably in areas of highest need, ie Balham Tooting and Furzedown and West Wandsworth.

10. Criteria for receiving service

The Service shall accept referrals from health and social care professionals. All self referrals should be endorsed by a health or social care professional to establish their eligibility for the Service.

11. Quality assurance

The Service Provider shall ensure that robust QA systems are in place to ensure service delivery. These will include:

1. recording contact time and content for each person supported and ongoing feedback systems.
2. maintaining records of attendances at drop in services, identifying service users who would be more suited to a personal budget and more regular support to promote recovery

The Service Provider shall ensure that the results of QA programmes are shared with the Council as part of Contract Monitoring Arrangements.

All support workers must be CRB checked (enhanced).

12. User consultation process

As this is a new Service, feedback from users will be collated on an ongoing basis, with any changes being made as a result. The Service shall:

- ask Service Users to evaluate the impact of the service on their lives, particularly to demonstrate whether the purpose of the service (to support Service Users' recovery and independence) is being achieved; and
- review the effectiveness of the six week re-ablement service, by reviewing how many service users go on to greater independence and how many are referred for ongoing services using Personal Budgets;
- note and analyse trends and issues, maintaining a risk register and lessons learned, so that there may be continuing improvement throughout the contract of for example, referral pathways and evaluation of the most effective interventions.

13. Complaints

Complaints about the service should follow the normal complaints procedure, adopted by the Service Provider. A copy of any formal complaint should be sent to the Council's authorised officer within 24 working hours. Any incident that

arises that needs urgent attention should be reported to the Council's Access team, as soon as possible and within 24 hours.

14. Monitoring information

The Service will be managed under the new framework for monitoring contracts approved by the Department of Adult Social Services (ref: Paper: 11-836).

Ends.....

Timetable for Tendering

Action	Timescale
Publication of Advert issuing of expressions of interest questionnaires	25 th June 2012
Closing date for expressions of interest	31 st July 2012
Shortlisting under S083	August 2012
Invite tenders	25 th September 2012
Return of tenders	31 st October 2012
Report to Adult Care and Health OSC on the proposed award	January 2013
Award contract	February 2013
Start date	1 st April 2013

Equality Impact Assessment (EIA) Template – Service Change

Department	Adult Social Services
Service	Mental Health Resource Centres
People involved	Susan Hasler-Winter, (Mental Health Lead for DASS) & Sarah Rushton (Commissioning Officer)

Key dates for the assessment

Date for start of EIA: 28.03.12
 Completion date for draft EIA: 17.04.12
 Start and end date of consultation: 05.04.12 to 11.05.12
 Completion date for finalised EIA: 06.06.12

1. What are the aims of the service and what changes are being proposed?

The service aims to provide support to people with mental health problems to help to achieve and sustain their recovery and independence.

Proposed changes

Two voluntary organisations, Family Action and Together, currently deliver services under contracts which were last let by the Council in 2006. A third voluntary organisation, Tooting Neighbourhood Centre, runs a small BME project (The Hope Project) under a minor voluntary sector contract with the Council which is reviewed and renewed annually. These services all provide support for working age adults with mental health problems.

The current contracts are due to expire on 31st March 2013.

In line with national and local policy for Personalisation, services are becoming responsive to the growing number of service users using personal budgets to meet their eligible needs. The Council is committed to have 100% of service users

on a personal budget by 2013 and resources need to be re-aligned to facilitate the objective of increasing personal budgets to be spent on a wider range of opportunities than those currently provided under the block contracts.

It should be noted that 100% of an individual's personal budget is subject to an assessed contribution (excluding service users receiving after care under S117 of the Mental Health Act 1983). This earlier change to the Charging Policy will continue to affect this service user group and has therefore influenced the proposed changes.

The proposed changes reflect the need to free up resources whilst recognising an ongoing need for a smaller service which is open access and non chargeable. The Council (in partnership with health) wishes to block commission a 'core' service to offer short term re-ablement and ad hoc support via a small drop in service. The service would also facilitate Self Directed Support (Personal Budgets) and help people to ensure they receive continuing support for their eligible social care needs.

The proposed change directly affects three service providers and up to 420 current and previous service users.

It is likely that only one provider will win the tender to deliver the future block contract, although they may subcontract part of the provision thereafter to run the drop in element of the service which could include a specialist BME provider such as the Hope Project.

Existing service users who would prefer to use their personal budget to stay with their existing provider may feel unsettled by the change, especially if the current providers do not win the contract or are unable to develop a sustainable business model from 2013 based on individually commissioned services.

Personalisation represents an opportunity for the current contractor/s to develop services in response to feedback from service users based on what they need to achieve their eligible outcomes. Providers will need to consider the stability of their income streams in an environment where block contracting arrangements with commissioners are replaced by spot contracting arrangements with individuals. However, the future is unpredictable and organisations feel they need continuing help to transition from block contracts and have described themselves as "risk averse".

In advance of retendering the contract, the outline service specification for the core service has been redesigned and service users, carers and providers have been asked for their feedback during a six week consultation period ending in mid May. The redesigned specification attempts to help people who may only need short term interventions and/or a brokerage

service to ensure their personal budget is effectively organised in accordance with the individual's aims and aspirations.

The existing services are mainly used through referral from secondary mental health services, but have up to 20% open access so people can be referred by their GP without having to prove eligibility for services. The newly specified service has retained the capacity for open access for a period of six weeks.

There is also a commitment to an open access drop in service within the new service specification and this would provide for people who attend less regularly but may benefit from ad hoc support, having chosen not to be assessed for eligibility for social care funding via a personal budget.

2. What is the rationale behind these changes?

The traditional service-led approach has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need. Personalisation aims to give people much more choice and control over their lives and any support that they might need.

Mental Health Day services have been modernising since 2006/7 moving from maintenance, which may increase dependence on services, to a recovery approach emphasising social inclusion.

Drivers for change include:

- The Personalisation Agenda – Putting People First (Department of Health, 2007);
- Redesigning Mental Health Day Services & From Segregation to Inclusion: Where are We Now? (CSIP, 2005 & 2008)
- Wandsworth Council's commitment to have 100% of service users on personal budgets by 2013;
- No Health without Mental Health (Department of Health, 2011) with its emphasis on prevention and early intervention to promote wellbeing;
- Wandsworth Council's Fairer Charging Policy amended in 2011 and now applicable to all service users including mental health 'day' service users;
- Feedback from consultation with service users, carers and providers;

- Experience of delivering a pilot re-ablement programme which is achieving positive outcomes (Together's Your Way service).

3. Which organisations will have/have had the opportunity to feedback on the EIA?

A public meeting was organised for 25th April. A further meeting was held on 11th May at the BME project at Tooting Neighbourhood Centre. The initial EIA was described at these meetings and the key points identified in it were highlighted to attendees.

Two Service providers also held separate meetings to inform the feedback.

250 consultation booklets were sent out and copies of this booklet were also emailed out to all organisations on Mental Health distribution lists.

The LINK edited an advance copy of the consultation booklet as well as submitting formal feedback on the proposals.

4. What data do you have on your service and potential impact of your service change in relation to the following? Data includes use of service, customer satisfaction, feedback on service, results of consultation

	List data you have	Any gaps in information? Please say how these can be addressed.
Race	Monitoring information is returned quarterly with ethnicity, gender, age and disability data and this will continue with the new contract. Under/over representation issues will be built in to the monitoring framework. Service providers are required to operate within the Equalities Act and demonstrate through their completion of the prequalifying questionnaire their compliance with the legislation.	
Gender	See above	

Disability	See above	
Age	See above	
Faith		Data not currently collected, but service providers are required to operate within the Equalities Act and demonstrate through their completion of the prequalifying questionnaire their compliance with the legislation
Sexual Orientation		As above

5. What does available information show in relation to the impact of the service change? What is the impact on different groups? Please give detail

	Positive impact	Negative impact
Race	<p>Referrals to the mental health service will be made by Community Mental Health Teams, GPs and other mental health professionals. Given the overrepresentation of BME service users in secondary mental health services, the service will need to be responsive to the specific needs of BME service users. Recent monitoring information reports that the Hope project is made up of 77% BME service users (31 people registered as at 31st December 2011) with, on average, 15 people attending regularly. Family Action is supporting 43% BME service users, and Together 47%. Any significant changes will be picked up during quarterly monitoring and tackled promptly.</p>	<p>There have been concerns raised regarding the retention of BME specific services. Should the Hope Project close, up to 23 BME service users would need alternative means of support.</p> <p>There have been concerns expressed that the six week re-ablement period is insufficient to ensure smooth transition to personal budgets for e.g. due to financial assessment processes and that continuity of care may be jeopardised which could be detrimental to their mental health.</p> <p>In the event that current providers fail to win the new contract and/or conclude that they cannot continue to offer individually commissioned services, users and carers may experience unsettling loss of a familiar and valued service and staff relationships.</p>

		<p><u>Mitigating actions.</u></p> <ul style="list-style-type: none"> • Improving service users' experience of Self Directed Support is a priority for the Department of Adult Social Services. There is for example, a Transformation Event scheduled for 12th July to offer detailed information about the user pathway, how to approach services, who is eligible, how assessments are done, how personal budgets are determined, how a support plan is written, how a financial assessment is completed, and the support available for Direct Payment users. • Please refer to overall mitigating actions in point 7 below which apply to all service user groups. • Whilst Tooting Neighbourhood Centre, with support from New Testament Assembly, have assured service users of the Hope Project that they will continue to run the club regardless of the outcome of the tender process. The situation will need to be kept under review as the tender process progresses.
Gender	Recent data tells us that women made up 48% of the Family Action Service, and 53% of the Together service. Women currently make up only 26% of the Hope Project membership.	Any change in provider will potentially unsettle service users and have a negative impact on carers.

		<p><u>Mitigating actions.</u></p> <ul style="list-style-type: none"> • The drop in element of the new service will be advised to take action to tackle any ongoing under representation of women through targeted publicity and this will be monitored quarterly. • The outcome of the tender process will be known by January 2013, after which work with current providers will concentrate on managing change as the end of the contracts approach. Any service that ceases to operate in Wandsworth after the end of the current contract will be supported to achieve a managed closure with all service users offered support to make alternative choices about their support if required. • Please refer to overall mitigating actions in point 7 below which apply to all service user groups.
Disability	<p>Up to 200 people with mental health problems are expected to be referred each year to the core service.</p> <p>The Service Specification will be finalised following consultation and will reflect latest best practice for supporting service users with</p>	<p>Any change in provider will potentially unsettle service users and have a negative impact on carers.</p> <p><u>Mitigating actions.</u></p> <ul style="list-style-type: none"> • It will be necessary for existing service

	<p>mental health problems. Provision has been made within the budget for up to 220 people to access Direct Payments in future to fund alternative means of support for meeting their eligible needs.</p>	<p>providers and Care Coordinators to work closely with service users to ensure Support Plans are in place and service users understand their options and have had the opportunity to make choices about any support they might access in future to make any transition as smooth as possible.</p> <ul style="list-style-type: none"> • Please refer to overall mitigating actions in point 7 below which apply to all service user groups.
Age	<p>All people of working age are eligible for support from the service.</p>	<p>Any change in provider will potentially unsettle service users and have a negative impact on carers.</p> <p><u>Mitigating actions.</u></p> <ul style="list-style-type: none"> • Information about alternative services will be made available in order that service users can make informed choices about future service take up including the availability of older people's day services. • Please refer to overall mitigating actions in point 7 below which apply to all service user groups.
Faith	<p>No issues identified via routine contract monitoring and service user involvement. Any issues identified under contract monitoring of new contracts will be addressed promptly.</p>	<p>As above</p>

Sexual orientation	No issues identified via routine contract monitoring and service user involvement. Any issues identified under contract monitoring of new contracts will be addressed promptly.	As above
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6. What does your review of the information show?	Evidence for your answer
a)No impact continue with change	Changes in line with national policy. A number of mitigating actions have been identified to minimise the impact of the change on service users.
b) Adjust change in light of impact	
c)Continue with change despite impact	
d) stop change	

7. Have you identified any actions that will improve the proposed service change or mitigate any negative impact? Yes
<ul style="list-style-type: none"> • The profile of service users will be monitored via regular contract monitoring and any variances not addressed in profile or areas of under-representation will be raised and actions to address them agreed. • It will be necessary for existing service providers and Care Coordinators to work closely with service users to ensure smooth transition and that Support Plans are in place so service users understand their options and have the opportunity to make choices about their support, using personal budgets. Continuing close collaboration is essential between the Social Care Assessment and Review Team based at South West London and St George's Mental Health Trust and the current providers. The Review Team will need to ensure that all eligible service users have support plans in place by April 2013. • The reconfiguration of the social work resource in the Mental Health Trust which formed the Social Care Assessment and Review Team (SCART) has been made permanent to continue the priority to support the Personalisation agenda.

- The current service providers need to have assessed their business viability going forward, ideally three months before the end of the current contract period. It should be noted that both Family Action and Together are national organisations with a number of other projects elsewhere so any change in their provision of adult mental health services in Wandsworth is unlikely to destabilise the organisations as a whole. This situation will be kept under review.
- If the current providers fail to win the new contract and/or conclude that they cannot continue to offer services on an individually commissioned basis, they will need to work proactively with service users and carers to smooth the transition from a familiar, valued service and relationships, to a service tailored specifically to their needs. Such circumstances will need careful management by social work staff to ensure any unavoidable transition to alternative services is managed effectively.
- A review of the Direct Payments service has resulted in the wider range of support providers to people wishing to take a Direct Payment and it will be necessary to ensure this information is relevant and available for mental health service users.
- The planned introduction of a pre-payment card in the Autumn will facilitate easier access to use a Direct Payments.
- A review of the in house Direct Payments process will speed up the processing time and reduce the administrative burden, thereby making Direct Payments available to a much wider range of service users, especially in mental health.
- We are working with a range of existing providers in Wandsworth and other providers interested in working with Wandsworth in providing a greater range of personalised services.
- There is a proposed development of a Resource Directory by Spring 2013.
- We are considering ways to match individuals who want to take a Direct Payment with a Personal Assistant who will be able to help them meet their specific personalised needs.

- New systems are to be introduced to reduce delays with Financial Assessment and Charging.
- There are plans to develop an online financial assessment tool to give an indication of what an individual's charges may be.
- To enable people to collaborate in achieving their outcomes there is a plan to support the use of pooled Direct Payments.
- Access Care and Information System (ACIS) is being reviewed and updated and Adult Social Services is ensuring that all information and advice is in a modern and accessible format.

8. Are the aims of the service/policy consistent with wider Council policies on Equality and Diversity?

The Council's equality statement says, "It is our policy that no service user is discriminated against because of their disability, gender, race/ethnicity and other dimensions of disadvantage and discrimination including age, sexuality and religion or belief." The re-organisation and tendering of the Mental Health Community Based Services aims to reflect national best practice locally and support eligible service users to identify and purchase tailored support to meet their needs whilst block commissioning a non chargeable service to avoid the risk that some service users might otherwise not access services which serve a preventative function.

10. Which of the following does the service/policy relate to? (you can select more than one)

- 1. Eliminating discrimination (N)
- 2. Promoting equal opportunities (Y)

3. Promoting good relations (N)

11. How would you rank the service/policy in relation to relevance to equality? (select one level only)

High

Why did you allocate this ranking? **Supports residents with mental health problems**

Feedback on the findings of the EIA

What did external organisations say about your findings when you shared this EIA with them?

109 people attended 4 meetings including 52 participants at a public meeting hosted by Voicing Views and a further 21 at a meeting hosted by Tooting Neighbourhood Centre's Hope Project. 36 consultation responses were received.

There was broad support for the block commissioning of a core re-ablement and safety net service although a number of people think that re-ablement, to be successful, needs to be flexible as it may take longer than six weeks. The majority of respondent's concerns are concentrated on making the process of applying for a personal budget more straightforward and timely so that people's choices about their longer term support can be supported.

The following equality issues were highlighted at the meetings:

- Personal budget processes (and charging assessments) are confusing, take a long time and are putting people off taking up support
- Local providers are highly valued and many don't want more change, they want the good things they do to carry on
- BME service – many people want it to continue with more activities to attract women to the service
- How long the non chargeable element of the service is available for is of concern. Respondents point out that mental health conditions fluctuate and therefore the service needs to be flexible and responsive to individual needs.
- Fear the loss of the current block contracted Family Action service
- One provider feels strongly that non chargeable drop in services reduce expectations and have a negative effect on recovery
- Preference for peer led support by some, especially for the safety net service – and support for user led organisations (although some service users' preference is to let the professionals decide..)

The LINK responded formally. Their letter highlighted the following equality issues:

- Existing service providers are at risk if SDS processes don't improve which could reduce the number of providers in the market and could be disruptive for service users
- Re-ablement as a concept is supported but flexibility to respond to the individual needs of service users is necessary if they are to maximise the benefits of the service to them
- Location of services should be accessible and local options should be available

- Ensure that professional staff are employed by the service

What changes did you make as a result of this feedback?

The service specification has been reviewed and updated in light of the feedback. Given that this is a new contract, the Council will keep under review the timing of the re-ablement offer to ensure the benefits are maximised for service users.

Further detail has been added to the specification around the location, timing and type of provider preferred for the safety net aspect of the service.

Departmental work streams focusing on Self Directed Support will ensure the upcoming Transformation Event and all other published information on how to access SDS has relevance for mental health service users.

Extract from Best Value Statutory Guidance.

“1 Authorities are under a general Duty of Best Value 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” (Section 3(1) of the 1999 Act).

2. Under the Duty of Best Value authorities should consider overall value, including economic, environmental and social value, when reviewing service provision. As a concept, social value is about seeking to maximise the additional benefit that can be created by procuring or commissioning goods and services, above and beyond the benefit of merely the goods and services themselves.

3 authorities are under a Duty to Consult (Section 3 (2) of the 1999 Act) representatives of a wide range of local persons; this is not optional. Authorities must consult representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation. This should apply at all stages of the commissioning cycle, including when considering the decommissioning of services.....

4 Authorities should be responsive to the benefits and needs of voluntary and community sector organisations of all sizes. and small businesses.

5 Authorities should seek to avoid passing on disproportionate reductions – by not passing on larger reductions to the voluntary and community sector and small businesses as a whole, than they take on themselves – and in particular:

- An authority intending to reduce or end funding or other support to a voluntary and community organisation or small business should give at least three months' notice of the actual reduction to both the organisation involved and the public/service users (where on the basis of past practice the organisation might have some basis for expecting the funding or contract to be continued).
- An authority should actively engage the organisation and service users as early as possible before making a decision on: the future of the service; any knock-on effect on assets used to provide this service; and the wider impact on the local community.
- Authorities should make provision for the organisation, service users, and wider community to put forward options on how to reshape the service or project. Local authorities should assist this by making available all appropriate information.

Relevant Policies

There are four policy strands which underpin the approach to delivering day care support for people with mental health problems:

- a. The need to modernise mental health day services was described in the report “Redesigning Mental Health Day Services” and “From Segregation to Inclusion: Where are We Now?” (Care Services Improvement Partnership, 2005 & 2008). These reports advocate the need to transform day services into community resources that promote social inclusion through access to mainstream opportunities such as leisure pursuits, training, voluntary work and employment.
- b. Putting People First (2007) and Transforming Social Care (2008) inform the Council’s plans to ensure that 100% of service users are using Self Directed Support by 2013;
- c. In 2011, the coalition government published “No Health Without Mental Health” which promotes cross government working to improve mental health and wellbeing across the population, with a focus on prevention and early intervention;
- d. Wandsworth Council’s Fairer Charging Policy (2011) now applies to all existing service users and all new referrals for services, including all mental health service users in receipt of personal budgets.

WANDSWORTH BOROUGH COUNCIL

Adult Social Services

Contract for the Supply of Community Based Mental Health Services

Wandsworth Borough Council is inviting expressions of interest from suitably qualified and experienced contractors for the provision of community based mental health services to be located within the borough. The proposed service will focus on two types of open access service: re-ablement, offering short term support to people with mental health problems to support their recovery and maximise their independence; and a limited open access drop in service offering ad hoc flexible support to maintain mental health and wellbeing. The indicative budget for this supply is £457,000 (per annum).

It is anticipated that tenders will be sought in **September 2012**. The contracts will commence on **1st April 2013** for a term of 4 years, with a formal contract review at 2 years.

The award of the contract will be based upon the lowest price tender that is able to meet the essential requirements of the specification.

The essential criteria for short-listing are:

1. To have a verifiable track record of working specifically with mental health services and service users and a successful track record of recovery and re-ablement.
2. Evidence of economic and financial standing in respect of viability to perform the Services including the submission and evaluation of three years financial accounts, the latest being no more than 18 months old and suitable insurance cover. (Public Liability to a minimum of £5,000,000 (five million pounds) per occurrence, Employers Liability to a minimum of £10,000,000 (ten million pounds) or a statement that these will be obtained if awarded the contract).
3. **Provide evidence of the Quality Assurance procedures your Organisation has in place that are appropriate to the contracts.**
4. **Provide evidence of your organisation's Health & Safety Policy, and details of any Statutory HSE improvement/prohibition notices served or convictions for offences under Health & Safety legislation during the last 3 calendar years.**
5. **Have appropriate Equal Opportunities policies and systems in place.**
6. **Demonstrate appropriate knowledge and consideration of the potential workforce issues of these contracts.**
7. **Demonstrate appropriate business capability and capacity exists within the organisation to support the contracts.**

8. **Satisfactory references from at least three customers, for the types of services described, ideally public sector accounts, with whom you have held / hold similar contracts.**

Organisations wishing to be considered for selection to tender are required to complete a pre-qualifying questionnaire (PQQ) which should be obtained from Lorna Dixon either by email at **ssendering@wandsworth.gov.uk** or by telephone **020 8771 5867** or by post from Procurement Team, Adult Social Services, **Town Hall, Wandsworth Borough Council, Wandsworth High Street, London SW18 2PU.**

Completed PQQ's along with any supporting documentation must be submitted by 12.00 noon on 31st August 2012 . **Late submissions will not be considered.**

Following evaluation of PQQ's, it is the Council's intention to restrict the number of organisations invited to tender to a maximum of 6 organisations. If more than 6 organisations fulfil the selection criteria, those scoring the highest number of points following the receipt of technical references will be invited to tender.

Applicants are advised that references will be obtained in writing from the referees. It is the applicant's responsibility to ensure that their referees respond within the time scale as this will form a key part of the evaluation of PQQ's.

If you wish to discuss **this contract** please contact, (Susan Hasler Winter) Commissioning Manager on 020-8871 6989 or shaslerwinter@wandsworth.gov.uk

Town Hall
Wandsworth
London SW18 2PU

P Martin
Chief Executive and
Director of Administration

To be placed in:

- **Wandsworth own web site (via EDO)**
- **www.procure4london.com**

Budget Allocation code: ASSD

(100%)