



SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Monday, 19th July, 2010 at 10.00 a.m.

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

- J Chapman - Weetwood;
B Cleasby - Horsforth;
P Davey - City and Hunslet;
S Hamilton - Moortown;
T Hanley (Chair) - Bramley and Stanningley;
A Hussain - Gipton and Harehills;
V Kendall - Roundhay;
M Lyons - Temple Newsam
R Pryke - Burmantofts and Richmond Hill;
K Renshaw - Ardsley and Robin Hood;
D Schofield - Temple Newsam;
S Varley - Morley South;

CO-OPTees

- Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

Please note: Certain or all items on this agenda may be recorded

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Originator: Tim O'Shea

Tel: 2747258

Report of the Deputy Director, Strategic Commissioning

Scrutiny Board, Adult Social Care

Date: 19th July 2010

Subject: **Adult Social Care Commissioning Services Update**

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report provides Members of the Scrutiny Board, Adult Social Care (ASC) with an update on progress made with the review of the Neighbourhood Network Schemes (NNS), and other current commissioning initiatives. It follows on from the report presented to the March 2010 meeting of the Scrutiny Board.

In relation to the NNS review, Members will be aware that following the report to the March Board indicating an intention to award contracts via a delegated decision of the Director of Adult Social Services, a decision was subsequently taken to suspend the process. This decision was taken following representations from a number of NNS who had been advised that an award of contract was not to be recommended. In order to adequately enquire into the representations an independent review panel was established with terms of reference agreed with the organisations affected, their representatives and representatives of the different political groups in the City Council. The review was led by Mr Bill Kilgallon and Mr Peter Howarth who, between them, have significant and longstanding expertise of third sector social care commissioning and procurement.

Their review concluded at the end of June 2010 and is to be reported to the Executive Board of the Council on the 21st July 2010. A copy of the Executive Board report will be circulated to Members prior to this meeting of the Board.

Other examples of commissioning activity underway at this time are summarised in this report, including services for people with sensory impairments and those with autistic spectrum conditions, as well as domiciliary and extra care housing provision.

1.0 Purpose of this Report

- 1.1 To provide Members of the ASC Scrutiny Board with a further report of the progress made and future plans for delivering the Neighbourhood Network Scheme (NNS) contract award process in the light of the outcome of the independent review. The report also describes the status of current commissioning activity.

2.0 Background Information

- 2.1 Members will be aware that following the report to the March Board indicating an intention to award contracts via a delegated decision of the Director of Adult Social Services, a decision was subsequently taken to suspend the process. This decision was taken following representations from a number of NNS who had been advised that an award of contract was not to be recommended. In order to adequately enquire into the representations an independent review panel was established with terms of reference agreed with the organisations affected, their representatives and representatives of the different political groups in the City Council. The review was lead by Mr Bill Kilgallon and Mr Peter Howarth who, between them, have significant and longstanding expertise of third sector social care commissioning and procurement.
- 2.2 The outcome of that review is contained in the Executive Board report.
- 2.3 Members have been previously appraised of a number of other commissioning initiatives underway at this time namely:
- Framework Contracts for the provision of domiciliary care and support.
 - The award of contracts for hearing and visual impairment services
 - The award of care and support services for physically disabled people resident at Terry Yorath House
 - The award of a framework contract with Supporting People for the provision of care and housing related support to young adults with autistic spectrum conditions.
 - The arrangements for care and support services for South Leeds Extra Care Housing scheme due to commence January 2011.

3.0 The Neighbourhood Networks Services

- 3.1 Members are invited to consider the Executive Board report (circulated seperately) which deals with the outcome of the independent review of the NNS commissioning process and contract award proposals. Any comments or resolutions made at the this meeting will be made available to the Executive Board at their meeting.

4.0 Other Commissions

4.1 Framework Contracts for the Provision of Domiciliary Care and Support

Leeds City Council ASC and NHS Leeds are working together to jointly commission community domiciliary care. This is about the care and support people receive in their own homes which is purchased from Independent Sector providers, on their behalf, by Leeds City Council ASC and NHS Leeds. This will be achieved through a Framework Agreement. A framework Agreement is a general term for agreements with suppliers which set out the terms and conditions under which services are purchased throughout the term of the agreement. The Framework Agreement will give a much wider choice of domiciliary care providers which can be used by ASC to

provide care and support for service users. The tender for the Framework Agreement was published on 16 July 2010. Tenders will be evaluated for both price and quality. Only domiciliary care providers who are rated Good or Excellent by the Care Quality Commission will be considered for the Framework Agreement. A maximum price is being set to ensure affordability. The Framework Agreement will run from 1 November 2010 to 31 October 2013, with the option for renewal for a further 2 years.

4.2 The Award of Contracts for Hearing and Visual Impairment Services

ASC is tendering to deliver a Leeds Deaf and Hard of Hearing Service. The existing contract comes to an end on 31 March 2011 and competitive bids need to be sought through open competition for the re-commissioned service. The new contract will be for three years, with a provision to extend for a further two 12 months. The purpose of this specification is to set out a framework for the provision of assessment, advocacy and support for the Deaf, Hard of Hearing and Deafblind adults. The tender went out on 23 June 2010 and the closing date is 21 July 2010. A maximum price has been set and the tenders will be evaluated for price (40%) and quality (60%). Leeds City Council is also to deliver a Leeds Severely Sight Impaired and Sight Impaired Service. The existing contract will come to an end on 31 March 2011 and competitive bids will be sought through open competition for the re-commissioned service. The new contract will be for three years, with provision to extend by two 12 month extensions. The purpose of this specification is to set out a framework for the provision of assessment, advocacy and support for Severely Sight Impaired and Sight Impaired adults. This tender relates to a single service across Leeds which will offer support to specific groups of service users who have a range of issues related to their sight loss. They are:

- Services to adults who are registered as Severely Sight Impaired (SSI)
- Services to adults who are not registered SSI
- Services to adults who are registered Sight Impaired (SI)
- Services to adults who are not registered SI
- Services to adults who are Dual Sensory Impaired
- Services to young people who are in transition from Children's Services

The tender was advertised on 7 July 2010 and its deadline is 4 August 2010. A maximum price has been set and the tenders will be evaluated for price (40%) and quality (60%).

4.3 The Award of Care and Support Services for Physically Disabled People Resident at Terry Yorath House (TYH)

This is a 12 bed residential care home, of which 10 beds are available for long term residential care and 2 beds are allocated for respite users. Leeds City Council ASC is seeking to procure an integrated package of care and support from a provider, or providers, for residential and respite/short break provision for adults who are physically disabled. The tender went out on 26 May 2010 and its deadline was 30 June 2010. The deadline has been extended by six weeks to 11 August 2010. This is because ASC needs more time to respond to enquiries regarding a temporary lease and detailed information about the assets/equipment at TYH. Tenders will be evaluated for both price and quality (40% - 60%). A maximum price has been set to ensure affordability. The new contract will be for three years, with a provision to extend for a further two 12 months. The current contract expires on 31 March 2011 and the new contract will commence on 1 April 2011.

4.4 The Award of a Framework Contract with Supporting People for the Provision of Care and Housing-related Support to Young Adults with Autistic Spectrum Conditions

An Autism-specific supported living Framework Agreement has been jointly procured by ASC and Supporting People (SP). A Framework Agreement consists of a list of quality assured providers which is procured using a rigorous process, in accordance with European Union regulations and Contracts Procedure Rules. There is no guaranteed work attached to the framework, but those providers on the framework are invited to engage in a mini competition for specific pieces of work as these become available. Places on the framework have been awarded from 21 May 2010 to five quality assured providers. In future, Care Managers and people with personal budgets who need supported living services will be able to use the framework to select a good quality provider to meet their individual needs. The framework is currently being used to procure care and support services for people at Brandling Court, a 17 bed autism-specific service in Middleton. There has been concern about the quality of the service for some time and it was agreed to develop the framework and use this to re-tender the service at Brandling Court. Following a mini competition, supported by ASC, SP and Corporate Procurement, a new provider has been recommended and approved. The current contract ends on 14 August 2010.

4.4 The Arrangements for Care and Support Services for South Leeds Extra Care Housing Scheme - due to commence January 2011

The contract for care and support services to be provided at South Leeds Extra Care Housing Scheme is to be let to Methodist Homes for the Aged. The scheme is on schedule to open in January 2011, with the nomination rights for all 45 units held by Adult Social Services. This important development, in a deprived area of the city with little in the way of similar resources, will offer older people an alternative to residential care, and the opportunity to live independently for as long as possible.

5.0 Legal And Resource Implications

- 5.1 The additional funding required to ensure adequate cover of the NNS in all areas of the city has been factored into the budget setting process for the year 2010/11.
- 5.2 This joint commissioning exercise, conducted by partners within Leeds City Council and NHS Leeds, has established a valuable precedent for future joint commissioning endeavors. It serves to deliver more efficient use of commissioning capacity whilst meeting the common goals of the organisations concerned.
- 5.3 The re-commissioning of care and support services for young, physically disabled people and those with autistic spectrum conditions will serve to enhance the quality of life and life chances of these groups, giving greater choice, control and independence. The South Leeds Extra Care Scheme is set to deliver high quality, independent living options to vulnerable older people in a relatively deprived area of the city. Similarly, the new Framework Contracts for domiciliary care will offer greater choice and quality for service users at an affordable price, enabling people to live independently for longer.

6.0 Conclusions

- 6.1 In the past two years, the Commissioning Service has made good progress in developing efficient and effective systems for the specification and procurement of ASC services which accurately target need, are outcome focused, and deliver good value for money. The review and re-commissioning of the NNS is a prime example of this new approach to commissioning, which has drawn regional and national attention.
- 6.2 In order to continue to improve and develop ASC commissioning in Leeds, staff are embarked on a range of professional development initiatives, in conjunction with NHS Leeds, which will serve to better equip them to successfully meet the challenges which lie ahead.

7.0 Recommendations

- 7.1 Members of the ASC Scrutiny Board are asked to consider and note the information contained in this report.

Background Documents referred to in this report

1. NNS Delegated Decision Panel Report – February 2010
2. NNS Executive Board Report – July 2010

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Originator: Dennis Holmes
Tel: 74959

Report of the Director of Adult Social Services and Assistant Chief Executive (Corporate Governance)

Executive Board

Date: 21 July 2010

Subject: NEIGHBOURHOOD NETWORK SERVICES

Electoral Wards Affected:
All

Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In

EXECUTIVE SUMMARY

A commissioning process commenced in 2009, inviting existing Neighbourhood Network Schemes and new organisations to bid for five-year contracts (with an option for a further three-year extension) for the provision of Neighbourhood Network services for older people in Leeds. The process was designed to achieve a more equitable funding distribution and to introduce performance monitoring arrangements based on improving outcomes for older people. The process followed a full review and consultations with the organisations and stakeholders.

The process for the award of contracts for the provision of Neighbourhood Network services was halted after concerns were raised over the conduct of the process. An independent Review (report appended) has now reported. The Review highlighted the considerable achievements of the Neighbourhood Networks and the vision of the City Council, across all parties over many years, in supporting the work. It concluded that there had been a positive intention to further strengthen the Neighbourhood Networks with long term contractual certainty; that there had been strength in the process, but this had been marred by failures in communication and a degree of antagonism between some Neighbourhood Networks and City Council staff. The absence of effective dispute resolution processes had not helped difficult circumstances.

The Review did not consider there to be any justification for re-opening the procurement process and made specific recommendations regarding the award of contracts. It specifically additionally recommended the development of a strategic partnership in areas 3, 4, 13, 15 and 34, where organisations demonstrated they can deliver the Neighbourhood Network Service contracts but competing bids evaluated higher. A strategic partnership would allow the organisations to retain their identities, continue to deliver services and provide a local focus but would have the added value and efficiency in terms of support, shared services and fundraising from another organisation and different arrangements for accountability and funding.

A number of learning points for the authority have been identified in order to improve commissioning with voluntary and community based organisations in the future. The Council has recognised mistakes which have been made and a letter of apology has been written to the Neighbourhood Networks, for distress caused during the process.

Executive Board is recommended to

- Approve the award of contracts in accordance with the recommendations resulting from the commissioning process;
- Resolve long term contracts to those recommended for one year as soon as possible;
- Authorise officers to open negotiations with a view to developing a Partnership model for the provision of Neighbourhood Network services;
- Note the learning points for the Authority outlined in the report;
- Strengthen operational links to Neighbourhood Networks and review the implementation of the funding formula annually.

1.0 Purpose of this Report

- 1.1 To consider the report of an Independent Review of the commissioning process for the award of contracts for Neighbourhood Network services in Leeds.
- 1.2 To note the conclusions made by the independent Reviewers.
- 1.3 To consider options for the future development of Neighbourhood Network services and contracts to support these.
- 1.4 To make recommendations for the award of contracts for the provision of Neighbourhood Network services.

2.0 Background Information

- 2.1 The first Neighbourhood Network schemes were set up in 1992 as local organisations run mainly by and for older people to help them remain independent in their own homes for as long as possible. They earned the Council 'Beacon' status in 2002 and in 2006, an invitation from the DWP to become a LinkAge Plus Pilot. Today, the Neighbourhood Networks cover the whole of the city and are central to the Council's preventive strategy. They are nationally renowned as examples of a council's support for its local communities.
- 2.2 The Neighbourhood Networks were, and are, funded through a range of contractual arrangements on an annual basis by the Council and NHS Leeds. Over time, significant inequalities in funding have arisen and as a result, in 2007 a joint review programme was put under way to determine how more equitable funding and performance monitoring arrangements could be put in place. A key objective of the review was to find a more transparent, fair and equitable process for commissioning Neighbourhood Network services.
- 2.3 As a result of the review and after extensive consultations with the Neighbourhood Networks and all stakeholders, recommendations were approved by Executive Board on 22 July 2009 to
 - Apply a funding formula closely linked to the national Older People's Relative Needs Formula to determine the amount of funding required by each Neighbourhood network;
 - Offer five-year contracts (with an option for a further three-year extension), with a revised specification for the provision of Neighbourhood Network services through a restricted competitive tendering process;
 - To put under way a procurement process, which invited existing and new organisations to bid for area-based Neighbourhood Network contracts, either singly or in collaboration.
- 2.4 The procurement process was put under way, culminating in recommendations to award contracts via the Adult Social Care Delegated Decisions Panel on 18 February 2010.
- 2.5 The recommendations were:
 - 2.5.1 Recommendation 1: that the organisations listed in Table 1 below were to be awarded a five-year contract with an option to extend year on year for a further three years (3 x 12 months extensions).

Table 1

Area 1*	Bramley Elderly Action
Area 2	Caring Together in Woodhouse and Little London
Area 3*	Leeds Irish Health and Homes
Area 4*	Leeds Irish Health and Homes
Area 5	Halton Moor and Osmondthorpe Project
Area 6	Holbeck Elderly Aid
Area 7*	Bramley Elderly Action
Area 8	Hawksworth Older People's Support
Area 9	Hamara
Area 10	WRVS Meanwood Elders Neighbourhood Action
Area 11*	WRVS Community Action for Roundhay Elderly
Area 12	North Seacroft Good Neighbours Scheme
Area 13*	Leeds Irish Health and Homes
Area 14	Action for Gipton Elderly
Area 15*	Leeds Irish Health and Homes
Area 16	South Leeds Live at Home
Area 17	Belle Isle Elderly Winter Aid
Area 19	Horsforth Live at Home
Area 21	Otley Action for Older People
Area 22	Neighbourhood Elders Team
Area 23	Rothwell Live at Home
Area 24	Morley Elderly Action
Area 26	Bramley Elderly Action
Area 27	Moor Allerton Elderly Care
Area 28	Armley Helping Hands
Area 29	Older People Active in their Locality
Area 31	Farsley Live at Home
Area 32	Neighbourhood Action in Farnley, New Farnley and Moortop
Area 33	Action for Gipton Elderly
Area 34*	Leeds Irish Health and Homes
Area 36	Supporting the Elderly People
Area 37	WRVS Chapel Allerton Good Neighbours Scheme
	* denotes a change to an existing provider

2.5.2 Recommendation 2: that the organisations listed in Table 2 below were to be awarded a contract for one year only with an option to extend for a further four years with optional 3 x 12 month extensions. These organisations were to be asked to agree and sign up to a mandatory Improvement Plan with the intention that significant improvements are made within the first six months of service delivery. The organisations will be closely monitored against the Improvement Plan and if significant improvements are not made the organisation(s) will be notified that their contract will be terminated at the end of the year and the service(s) will be re-tendered. If significant improvements are made and the organisations can demonstrate that they fully meet the requirements of the Neighbourhood Networks Service Specification the option to extend for a further four years with an optional 3 x 12 month extensions will be sought.

Table 2

Area 18	Middleton Elderly Aid
Area 20	Aireborough Voluntary Services
Area 30	Leeds Black Elders
Area 25	Pudsey Live at Home
Area 35	Wetherby In Support of the Elderly

- 2.5.3 Recommendation 3: that the organisations listed in Table 3 below were not to be awarded a contract to deliver the Neighbourhood Networks Service

Table 3

Area 1	Older Active People*
Area 3	Burmantofts Senior Action*
Area 4	South Seacroft Friends and Neighbours*
Area 7	Stanningley and Swinnow Live at Home Scheme*
Area 13	Swarcliffe Good Neighbours Scheme*
Area 15	Richmond Hill Elderly Aid*
Area 34	Crossgates and District Good Neighbours Scheme*
All areas	Carewatch
Area 11, 33	Shantona
All areas	Age Concern
	* denotes current Neighbourhood Network provider

- 2.6 The Delegated Decision was recorded in accordance with the Council's delegations procedures and communicated to the Neighbourhood Networks by letter on 23 and 25 February.
- 2.7 A number of issues were immediately raised concerning the conduct of the commissioning process, which were of such a nature as to call into question the decision making connected to the procurement process.
- 2.8 On the 5 March 2010, the Director of Adult Social Services took a second delegated decision which withdrew that of the 18 February. At the same time, she informed all the Neighbourhood Networks that their existing contracts were to be extended for three months, to ensure no interruption of service, pending the outcome of an independent review of the commissioning process. A letter was issued by the Council to the Neighbourhood Networks, apologising for distress caused during the process.
- 2.9 It was determined that the review of the procurement process would be carried out by independent specialists and would be overseen jointly by the Director of Adult Social Services and the Assistant Chief Executive (Corporate Governance).

3 The Review process

- 3.1 Two independent Reviewers were appointed, who were external to the Council and whose combined experience brought an in-depth knowledge of social care, the voluntary sector and local authority commissioning and procurement processes.

- 3.2 Terms of reference and a Review Brief were finalised on the 17 April following consultation with key stakeholders including representatives of all the Council's political groups, and the three-phase review set under way:
- Phase 1 – review of documentation
 - Phase 2 – interviews and meetings
 - Phase 3 – preparation of final report

The Review Brief setting out terms of reference for the exercise is a lengthy document and can be found at

http://intranet/Interest_Areas/Former_Departments/Social_Services/Social_care_news/Neighbourhood_networks_review.aspx

however, salient details of the Review Brief are attached at Appendix 1. In summary, the Reviewers were asked to address five key issues, based on points made, not only by the unsuccessful organisations, but also by others who commented on the process (see Appendix A of the Review Brief). The key issues were:

- Preparation for change
- Choice of commissioning process
- Conduct of commissioning process
- Evaluation of the tender documents
- Forward planning for the outcome of the process

3.3 Phase 1 comprised a detailed evaluation of the documentation associated with the commissioning process. Phase 2 consisted of four days of intensive meetings and visits.

3.4 The phase 3 report is the subject of this paper and is attached at Appendix 2. Highlighted below are the main outcomes from the review.

4.0 Main Issues – findings of the Review

4.1 The reviewers report that the City Council intended to strengthen the Neighbourhood Networks, to achieve stability for them by long term contracts and to achieve equity of funding. The City Council successfully brought NHS Leeds funding and Supporting People funding into one grant mechanism with benefits to the funders and the Neighbourhood Networks. This allowed the Council to increase the level of funds available and so to guarantee that no Neighbourhood Network would receive less funding as a result of this exercise. The preparatory work establishing the case for doing this was very thorough, inclusive and well organised.

4.2 The City Council decided on a competitive tender exercise to effect the necessary changes. The reviewers conclude this was a reasonable course of action given the length of contract on offer.

4.3 The City Council, in the view of the Review team, took appropriate steps to assist the Neighbourhood Networks to take part in the tender process. There were, however, some failures in communication and a certain degree of antagonism developed between some Neighbourhood Networks and the City Council staff.

4.4 In addition the Reviewers do not believe that sufficient provision was made for escalation of disputes or scrutiny of outcomes. They consider that a more rigorous Gateway review extending beyond the project board may have prevented some of

the negative outcomes of this report. The Reviewers also believe that elected member involvement in the scrutiny process should also have been considered.

- 4.5 The Reviewers do not consider that there is any justification for re-opening the procurement process. Further delay would be damaging to the Neighbourhood Networks.

5.0 Conclusions drawn from the Review

- 5.1 The reviewers make the following recommendations, firstly that the recommendations set out in the Report of the Neighbourhood Network Project Board to the Delegated Decision Panel of the 18 February 2010 in respect of:

5.2 Firstly, that the Neighbourhood Networks contract should be agreed and put into effect as soon as possible in respect of areas 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 17, 19, 21, 22, 23, 24, 26, 27, 28, 29, 31, 32, 33, 36, 37.

5.3 Secondly, that in respect of areas 1 and 7 Adult Social Care should work with Bramley Elderly Action and the two unsuccessful existing providers to ensure that a continuity of service is achieved.

5.4 Thirdly, that where service providers failed to meet all the required standards but where no alternative service provider submitted a successful tender, in respect of areas 18, 20, 25, 30 and 35, arrangements should be agreed and put into effect as soon as possible. The reviewers go on to recommend that where possible the Directorate seeks to resolve the issues identified with each Network in a shorter timescale than the 12 months originally suggested.

5.5 Fourthly, the Reviewers noted that some organisations failed to demonstrate their ability to meet the required standard to deliver the Neighbourhood Networks contract and that a competing bidder successfully demonstrated its ability to deliver the Neighbourhood Networks in respect of areas 1 and 7.

5.6 The reviewers then propose that the original delegated decision report should have included another category which they propose as follows:–

5.7 “The following organisations have demonstrated that they can satisfactorily deliver the NNS contract however competing bids evaluated higher.” In this category should be included the current providers in areas 3, 4, 13, 15 and 34. The reviewers recommend that Adult Social Care initiates discussions with Irish Health and Homes, the successful bidder, and the existing providers in areas 3, 4, 13, 15 and 34 to explore a possible partnership approach. In the view of the reviewers there could be much to be gained in a partnership which allowed the existing providers to remain as independent organisations undertaking work in an agreement or contract with Irish Health and Homes.

5.8 The reviewers observe that this would retain the local emphasis and enable those providers to continue to attract other resources and retain volunteers. Partnership with a larger organisation could bring efficiencies in terms of support services and increase the opportunities for developing shared services and social enterprises.

5.9 An example of a successful partnership model in Leeds is provided by Methodist Homes for the Aged (MHA). MHA manages five Neighbourhood Networks, known as ‘Live at Home’ schemes. Each scheme is a local project established to provide a

range of services for older people, to support them to live independently and lead fulfilling lives. MHA holds the service contract from the Council, employs all the staff for each scheme and is responsible for all Human Resources-related matters, including supervision, performance, payroll and attendance management.

- 5.10 In addition, MHA supports each scheme to generate its own local identity and links. Although the schemes are part of MHA, they are distinctive in that they are based upon the involvement of volunteers. Authority is delegated to a Local Committee composed of volunteers and MHA staff. These Committees determine local priorities and review the work of the scheme. The Committees act with the authority of the Board of MHA but MHA retains overall responsibility for performance management and quality control, reporting to the Council as and when required.
- 5.11 The Local Committee provides active support to the scheme manager in the day-to-day running of the service, providing insight into the local needs of older people, strategic direction, ensures the financial viability of the scheme and promotes the activities of the scheme in the local and wider community.
- 5.12 Following the recommendation of the reviewers with regard to the arrangements for provision in areas 3,4,13, 15 & 34, and subject to the agreement of Executive Board, officers will initiate discussions with the relevant organizations to develop the creation of an appropriate partnership model as outlined by the reviewers or similar to that exemplified by MHA and described above. The discussions will include exploration of the relevant legal and constitutional considerations which would apply to the development of such arrangements.

6.0 The future provision of Neighbourhood Network services in Leeds

- 6.1 The Reviewers explain that they looked carefully at the concerns expressed about the application of the funding formula in area 2. In the initial work a mistake was made and a part of the population was omitted; this was eventually corrected. There is still concern about whether the deprivation factor had been correctly applied. The Reviewers conclude that they do not have the expertise to make a judgement on this but recommend that this specific issue is reconsidered by the City Council, taking into account the evidence submitted and keeping the funding formula under review.
- 6.2 They additionally recommend that Adult Social Care identifies a clear link between the Neighbourhood Networks and the Directorate at operational level so that there is good communication between the Neighbourhood Networks and the Adult Social Care staff working with older people.
- 6.3 The reviewers conclude that the Neighbourhood Networks provide a vital range of support across the city and the demand on their services will increase as the population of older people increases. The City Council values these services and this was emphasised by the decision to establish a long term funding arrangement. This procurement exercise has produced some very positive results: a clear agreement on the role of Neighbourhood Networks, a sound basis for contracts between the City Council, NHS Leeds and the Neighbourhood Networks with defined outcomes and a long term funding arrangement. This secures the current services and builds a foundation for Neighbourhood Networks to develop further.
- 6.4 The Reviewers go on to conclude that it was regrettable that the procurement, which was intended to produce such positive results, became a source of controversy.

Communication problems at various stages of the process were largely to blame for this.

6.5 They conclude that the majority of Neighbourhood Networks did not have previous experience of competitive tendering and will have learnt a good deal from this exercise which they are sure will be of benefit to them as future opportunities arise to develop services or deliver services differently.

6.6 In addition they state that, the City Council will also have learnt a great deal more about the way the voluntary sector works and particularly how valuable the independence of organisations is in developing local ownership and drawing in volunteers.

6.7 In terms of the necessity for a Review to be conducted, the Reviewers confirm that their Review has further delayed the decisions being put into effect but it was an appropriate action for the City Council to take.

6.8 Finally, the reviewers state that although the focus of this review was the procurement exercise, they could not fail to be impressed by the achievements of the Neighbourhood Networks and the vision of the City Council, across all parties and over many years, in supporting them.

7.0 Implications for Council Policy and Governance: learning from and responding to the Review

7.1 The independent Reviewers were positive about the intentions behind the commissioning process, namely, to create a fair, transparent and equitable market in which the Neighbourhood Networks could thrive and deliver quality services.

7.2 However, there are a number of areas where lessons can be learned for future commissioning processes, both within Adult Social Care and the Council's Corporate Procurement unit. The learning will be incorporated into future commissioning activities within the Council

7.3 A learning log with a timetable for action is attached at Appendix 3.

8.0 Legal and Resource Implications

8.1 The full cost to Leeds City Council and NHS Leeds is £1,982,000 per annum. This equates to £1,716,000 for Adult Social Care. It is anticipated that the new contracts will take effect from 1 October 2010.

9.0 Conclusions

9.1 The Review of the Neighbourhood Network commissioning process has concluded that, overall, the process was sound and that there is no need for a new process to be undertaken or repeated.

9.2 The Review concluded that there is sufficient information available from the process for a sound decision to be taken on the award of contracts for Neighbourhood Network services

9.3 However, the Review has provided an opportunity to reconsider the position of a number of smaller organisations in Leeds and has proposed the creation of a collaborative arrangement within a Partnership between Neighbourhood Networks.

10.0 Recommendations

10.1 That contracts be awarded to the organisations listed in para 2.5.1 (Table 1); and in para 2.5.2 (Table 2) in accordance with the original recommendations of the Delegated Decision of 18 February 2010 as described in paragraph 5.2 above.

10.2 That officers seek to resolve the award of long term contracts to the organisations in areas 18, 20, 30, 35 and 35 (Table 2, para 2.5.2) as soon as possible.

10.3 That negotiations be held with Irish Health & Homes and the five unsuccessful bidders in the east area, with a view to concluding an appropriate partnership or other similar arrangement as outlined in para 5.7 through 5.10 above.

10.4 That action to ensure continuity of service as outlined in para 5.3 above in respect of areas 1 and 7, be supported

10.5 That the actions that will be taken in relation to learning from the procurement process be noted.

10.6 That the operational links to NNs be strengthened and that the implementation of the funding formula be reviewed annually

Background documents referred to in this report:

1 'Neighbourhood Network Schemes Review: future vision and way forward' – report to Executive Board, 22 July 2009.

2 'Neighbourhood Network Services' – report to Delegated Decision Panel (Adult Social Care), 18 February 2010.

3 'Neighbourhood Network Services' – Delegated Decision Notification of withdrawal of Delegated Decision D36556.

4 'Review Brief: Independent review of the procurement and commissioning process for the Neighbourhood Network schemes'.

Independent Review of the
Procurement and Commissioning
Process for the Neighbourhood
Network Schemes

Review Brief

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1.00 INTRODUCTION

1.01 Background

- 1.02 The Neighbourhood Network Schemes (NNS) were set up to improve the lives of older people in Leeds and are central to the City Council's preventive strategy, which is defined as 'good' by inspectors.
- 1.03 They earned the Council 'Beacon' status in 2002, and in 2006, an invitation to be a DWP LinkAge Plus Pilot. They deliver positive examples of current policy which focus on promoting independence, wellbeing and choice within inclusive communities. Schemes are geographically based and four provide specific support to black and minority ethnic communities.
- 1.04 The NNS' key role is to reduce social isolation and increase the participation of older people in the community, both through social activities and long-term individual support. They function as gateways to information, advice and support and provide a wide range of practical activities and services.
- 1.05 For older people the way the NNS work is as important as what they do; the schemes take a holistic and person-centred approach, working with older people over many years, keeping a watchful eye as they grow older and frailer. They see themselves as community development organisations, fulfilling the obligation to 'care for older people' as distinct from 'providing care services'.
- 1.06 Most are small, independent organisations with local management committees, though a number are part of, or parented by larger organisations. They are run largely by and for older people, many having significant input from volunteers drawn from the local community
- 1.07 The concept of a 'network' implies similarity and leads to the assumption that the NNS are the same. In fact a major issue is the fact that the NNS are at very different stages in their development, with levels of activity varying, according to local need, both in what they do and who they work with.
- 1.08 What can be expected of a large well-resourced and long-established organisation is different from the expectation placed upon newer, smaller schemes with a fraction of the income and staff. However, it is the case that all the schemes, large and small, have been successful to varying degrees in raising funding from a range of sources other than Adult Social Care.
- 1.09 Differences between schemes therefore need to be reflected in the aspiration of providing equity across the city.

1.10 The commissioning process

- 1.11 In 2007 a review of the NNS was begun, conducted jointly between Adult Social care and NHS Leeds. The review was in part initiated at the request of many of the NNS, who raised concerns with regard to widening funding disparities and seeking reassurance about their long-term future. Its purpose, therefore, was to determine how more equitable funding and performance arrangements could be put in place. The aim was to preserve and further develop the work of the schemes within a new social care and health environment, with the twin

requirements of promoting prevention through better access to universal services, while increasing choice and control for people with support needs.

- 1.12 A key objective of the review was to find a more transparent and equitable process for commissioning NNS. The review highlighted a series of issues to be considered to enable current and potentially new NNS to support the Council and NHS Leeds in delivering high quality, innovative, universal preventive services for older people.
- 1.13 Following the review, two options appraisal workshops were held to identify the best method of procuring, funding and establishing the required services.
- 1.14 A funding formula closely linked to the national Older People's Relative Needs Formula was devised and adopted to provide equity of funding across the various areas of Leeds.
- 1.15 A competitive tendering exercise began in July 2009, with tenders being received from 38 organisations. The process culminated in a report to the Adult Social Care Delegated Decision Panel in February 2010. This process is the subject of the current review

1.16 Reason for the review

- 1.17 Following an initial communication of the recommended outcome of the commissioning process, a number of concerns were raised by participating organisations and other stakeholders – predominantly from the Neighbourhood Network providers (and their representatives), which had not been successful in the tendering process. Details of the issues raised are included at Appendix A. In summary, a number of letters, telephone calls and emails were received questioning, not only the outcomes in relation to individual schemes, but also the whole commissioning process.
- 1.18 The decision to set up the review was taken by the Director of Adult Social Services, after withdrawing the original Delegated Decision to award contracts to the successful bidders.
- 1.19 The current position is that the process has been halted pending the outcome of the review. Existing Neighbourhood Networks have been given a contract extension to ensure continuity of service until the review is complete and a decision has been taken over the award of contracts.

1.20 Purpose of the review

- 1.21 The overall purpose of the review is to come to a view on whether the commissioning process as a whole can be regarded as having been 'open', 'transparent' and 'fair' in terms of its planning, conduct and outcome; and compliant in terms of any applicable legal requirements and the Council's own rules and procedures.
- 1.22 More specifically:
 - a) 'Open' would refer to an inclusive process where a wide range of views have been sought from all stakeholders about the motivation for the commissioning exercise, its conduct and outcome.

- b) 'Transparent' would refer to the methods used in the design of the process, its content and outcome being understood by all participants.
- c) 'Fair' would refer to the planning behind the process, the design of the tender exercise, its conduct and outcome being proportionate to the types and scale of the participating organisations.
- d) 'Compliant' would relate to ensuring that the laws that apply to procurement and commissioning were followed, along with the Council's own constitution.

2.00 REVIEW METHODOLOGY

2.01 The Review Team

2.02 The review team will comprise two independent reviewers – a Lead Reviewer with a background in Adult Social Care, and a Specialist Reviewer with a background in Procurement.

- a) The Lead Reviewer is Bill Kilgallon
- b) The Specialist Reviewer (Procurement) is Peter Howarth

2.03 The review team members will be required to sign a declaration of impartiality and confidentiality.

2.04 Accountability

2.05 The review team will report directly to the Joint Lead Officers from the Council. The Joint Lead Officers are

- a) Sandie Keene, Director of Adult Social Services, and
- b) Nicole Jackson, Assistant Chief Executive (Corporate Governance)

2.06 Stages of the Review

2.07 The review will take place in three phases

- a) Phase 1 – Review of the documentation
 - i) An extensive pack of documentation has been collated relating to all aspects of this project. The documentation has been organised around the 5 key questions that form the subject of this review. The documentation index is included at Appendix B.
 - ii) Phase 1 of the review will involve a 'desk top' review of all the documentation. During this stage of the review, the review team will start to form an initial view on the five key questions posed. During the process the review team should
 - Form initial views on the questions that form the basis of this review
 - Identify any areas or issues which need clarification

- Pose questions that they think are relevant to the review but not included in this brief
 - Identify people or groups that should be interviewed as part of the review process
 - Request any additional evidence they feel appropriate to the review
- iii) It is anticipated that this phase of the review will take up to 3 days to complete, although the length of each of the stages can be varied in consultation with accountable officers
- b) Phase 2 – Interviews and meetings
- i) This phase of the review will provide the review team with the opportunity to explore in detail, any further questions or issues which arise from examining the documentation. This phase of the review will be used for:
- Testing assumptions made in the initial part of the review
 - Clarifying issues of uncertainty
 - Reviewing additional evidence as it is requested and made available
 - Meeting with individuals, groups or organisations to gain additional evidence which tests and informs conclusions.
- ii) The council will, using best endeavours, try to facilitate reasonable access to any individual, group or organisation involved in the NNS. Requests for contact with any individual, group or organisation should be made through the officer identified at 7.01 below.
- iii) It is anticipated that this phase of the review will take up to 3 days to complete
- c) Phase 3 – Prepare and present the Final Report
- i) This phase of the review will allow for writing up the findings of review, including initial consultation with the Council’s joint lead officers prior to publication
- ii) The review team will be required to reach conclusions based on an objective analysis of the evidence presented and obtained. Any recommendations or observations made in the final report will be evidence based.
- iii) It is anticipated that this phase of the review will take up to 3 days

2.08 The review team may be called upon to give evidence on the role and findings in any future Scrutiny Board investigation.

2.09 Indicative Schedule for the Review

2.10 The review should be progressed in a timely manner sensitive to the concerns of existing NNS providers, bidding organisations, service users, staff and volunteers.

2.11 The indicative timetable for the review is:

- i) Completion of Phase 1 First week in May 2010
- ii) Completion of Phase 2 Mid May 2010
- iii) Completion of Phase 3 End of May 2010
- iv) DASS Report to Executive Board July 2010 Meeting

2.12 These timescales will be subject to review in consultation with the lead reviewers.

2.13 Sandie Keene and Nicole Jackson will meet with the reviewers at the end of each phase of the review.

2.14 Confidentiality

2.15 Information that will be made available to the review team relates to an ongoing procurement process and must be treated in the strictest confidence. The review team will not share any information relating to this review with any third parties, without the express written permission of Leeds City Council (to be obtained through the Joint Lead Officers, if required) .

2.16 The final report will be open / available, with an executive summary presented to Executive Board.

2.17 General Work Principles

2.18 The review should be conducted in an impartial, open, transparent and accountable manner

2.19 The review should be local in nature and specific to the NNS, but should feel capable of making wider recommendations and suggestions if these will benefit future projects

2.20 The review should be conducted in a manner and make proposals or recommendations that will move the NNS forward

2.21 The review should be conducted in a manner which shows sensitivity and respect to those involved, taking account of their respective views and opinions.

3.00 SCOPE, OBJECTIVES AND EXPECTED OUTCOMES

3.01 Terms of Reference

3.02 This review has been commissioned to provide an independent overview to the commissioning and procurement arrangements for improving the Neighbourhood Network Schemes available to the older people of Leeds.

3.03 The review is intended to cover the whole commissioning and procurement process.

3.04 The overall commissioning and procurement process has been separated into 5 key stages. For each key stage, set out below is an overview of the stage together with a number of suggested considerations for the review team to adopt in seeking to address the key stage.

3.05 A number of representations have been made by elected members, existing NNS providers and other organisations that submitted bids for NNS. These representations have been collated and included separately for reference

3.06 A flowchart which summarises these terms of reference is included at Appendix C.

3.07 Stages to be examined

3.08 It is proposed that the review of the Neighbourhood Network Schemes be examined under five main headings.

3.09 Stage 1 - Preparation for change

3.10 This stage of the process will focus on the need for change and how that need was identified, demonstrated, communicated, and taken forward

a) The review team will be asked to comment on:

i) Was the case made for change?

ii) Were the desired outcomes from the change articulated?

iii) Were the communications and engagement around the need for change appropriate and robust?

iv) Was appropriate approval sought to implement the change?

v) Were representations and comments made by bidding organisations prior to the start of the commissioning process considered or evaluated?

b) In reaching its conclusions the review team may wish to consider:

i) Was there engagement in the process?

ii) Were the communications robust?

- What decisions were taken, by whom and on what basis?

- Were alternatives to restrictive tendering considered?

3.11 Stage 2 - Choice of commissioning process

3.12 Having considered the case for change, and identified the desired outcomes from that change, this stage of the review will look at the process undertaken to select the most appropriate commissioning or procurement process to achieve those desired outcomes.

a) The review team will be required to comment on:

- i) **Whether the selected commissioning route was appropriate to deliver the required changes identified at Stage 1**
 - ii) **Whether alternative ways of commissioning the NNS were considered?**
 - iii) **How robust was consideration of alternative commissioning routes?**
- b) In reaching its conclusions the review team may wish to consider:
- i) Was the procurement / commissioning process designed to deliver what was needed?
 - ii) Was the process approved?
 - iii) Was the expectation from the procurement / commissioning process realistic?
 - How was the process designed and what information was used to support the design?
 - How were stakeholders involved / consulted?
 - Was there acceptance or approval of the process: if so, when, by whom?
 - Can clear links be made between the approach to be taken and the desired outcome?
 - Were the specification and evaluation criteria appropriate?
 - What communications took place between councillors, NNS and between Adult Social Care and Procurement?

3.13 Stage 3 - Conduct of commissioning process

3.14 Having selected a process considered the most appropriate to achieve the desired outcomes, was that process conducted appropriately and implemented correctly?

- a) **The review team will be required to comment on:**
- i) **Whether the procurement process was implemented correctly – in an open, fair, transparent and legal way**
 - ii) **Whether the procurement process made adequate provision for the types of organisations bidding and provided appropriate levels of support to those organisations throughout the process**
 - iii) **Were the expectations of the process proportionate to the organisations applying?**
 - iv) **What levels of support were available?**

- v) **Was the degree of collaboration between organisations achievable and adequately explained?**
- b) In reaching its conclusions the review team may wish to consider:
- i) Were the procurement / commissioning processes implemented correctly?
 - ii) Were the expectations of the process proportionate to the organisations applying?
 - iii) What levels of support were available?
 - Was adequate support provided to bidders?
 - Was the project management effective?
 - Was the process compliant (in terms of EU / CPRs etc)?
 - Were the documentation / correspondence clear and accessible?
 - Is there a risk of challenge?
 - Was a risk register maintained and contingencies made for high risk areas, eg TUPE?

3.15 Stage 4 – Evaluation of the tender documents

3.16 This stage of the review will focus specifically on the tender documents and the tender evaluation process

- a) **The review team will be asked to comment on:**
- i) **Whether the evaluation criteria were appropriate to the specification**
 - ii) **Whether the evaluation process was appropriate**
 - iii) **Whether the scoring was consistent**
- b) In reaching its conclusions the review team may wish to consider:
- i) Was the scoring consistent?
 - ii) Were the criteria appropriate to the specification?
 - Were the skills of the team doing the evaluation appropriate to the specification?
 - Can clear links be made between the result and the desired outcomes?
 - Was there good communication with councillors?
 - Can independence and impartiality be demonstrated?

- Are there any anomalous results, or deficiencies, or 'low confidence' areas that need to be addressed?

3.17 Stage 5 - Forward planning for the outcome of the process

- a) This stage of the review will look at the method adopted for taking forward the outcomes of commissioning process.
- b) **The review team will be asked to comment on:**
 - i) **Whether the impact of implementation was properly considered**
 - ii) **Whether preparation for the implementation of decisions was adequate**
- c) In reaching its conclusions the review team may wish to consider:
 - i) Was the impact of implementation properly considered?
 - ii) What preparation of the Neighbourhood Networks was undertaken?
 - Were expectations of collaboration between successful and unsuccessful schemes realistic / achievable?
 - Does a change in this service investment have consequences for other elements of funding and service delivery in the organisation (as claimed by NNS providers)?
 - How were the communications planned with NNS and councillors?

4.00 TERMS AND CONDITIONS

4.01 The terms and conditions to be used for the contract between the Council and the reviewers are attached at Appendix D.

5.00 OVERALL TIMESCALE FOR REPORTING

5.01 See para 2.11.

6.00 REMUNERATION

6.01 The reviewers will be remunerated at the agreed Council rate plus their reasonable expenses

7.00 FACILITIES TO BE MADE AVAILABLE TO THE REVIEWERS.

7.01 A link Adult Social Services officer will be available to support the reviewers in their work. Office space will be made available on request for the purposes of the review of documents or for meetings with NNS representatives. The complete bundle of documents will be made available to reviewers with key documents being reproduced for their individual use.

7.02 Administrative support for the setting up of meetings required in phase 2 will be provided.

APPENDICES

Appendix A - Issues raised by Neighbourhood Networks

Appendix B - Document Index Lists

Appendix C - Review Process Flow Chart

Appendix D - Terms and Conditions

Appendix E - Key Contacts List

Appendix F - Glossary of Terms/Abbreviations

APPENDIX A

ISSUES RAISED BY NEIGHBOURHOOD NETWORKS

All Neighbourhood Networks were invited to submit comments regarding the focus of the review. The comments below have been submitted by a total of 11 Neighbourhood Network Schemes and in letters from two elected members. Six out of the 11 NNS submitting comments had not been recommended to be awarded contracts.

Summarised below are the points and questions raised in correspondence received by Adult Social Care, listed broadly under the headings of 'Areas to be examined' in the Review Brief.

1.1 Preparation for change

- Bidders' capability to understand and meet the needs of older people.
- Considerable investment of time and effort from initial consultation starting in spring 2008 – drew staff away from efforts to secure alternative funding.

1.2 Choice of commissioning process

- The decision to go to competitive tender was mistaken.
- Were the views of the existing Neighbourhood Networks adequately represented when developing the documents?
- Fewer contracts do not necessarily deliver better value.
- The timetable of the bid and deadline for submission put managers, staff and volunteers under severe pressure.
- The process will not address disparity of funding if all schemes are to receive at least the same amount as previously.
- Concern that there may have been 'marketing' of the schemes by commissioning officers prior to the tender process.
- The ethos of the schemes is in their local nature – schemes should not be conflated to cover a wide geographical area.
- Interpretation of the 'collaboration to achieve efficiencies' objective – officers not clear whether this means co-operation or take-over.
- The point about Neighbourhood Networks being individual charities with legal responsibilities made repeatedly but not heard.
- Breaking the link with the locality / neighbourhood based model poses a threat to what is unique and valued about the schemes.

1.3 Conduct of the commissioning process

- Was the particularly local nature of the schemes adequately reflected in the tendering process?
- The process was not proportionate for small organisations – more suitable for bids for millions of pounds.
- The process was a box-ticking exercise geared to meeting the government's various agendas, with little resemblance to reality at the 'sharp end'.
- Concern about the basis on which demographic data were compiled for each area – bidders not given clear information about population data.
- Concern about the handover of client data at the termination of the contract – matter raised but unanswered.
- Inappropriate expectations of service delivery by volunteers.

- Concern about the opaqueness of the funding formula – not possible to see how the funding was worked out for each area.
- Mistrust between the organisations and Adult Social Care over the process has been justified.
- Lack of transparency generally.
- Cavalier and unsatisfactory way in which questioning of allocations was dealt with.
- Lack of direct communication ‘for months’ when demographics were questioned.
- Concern that successful contractors will be obliged to provide Adult Social Care with information on members and service users.
- Successful organisations fearful ‘of a retrograde return to a grants system which would increase vulnerability to future cuts in funding’.
- Was the support offered to the existing Neighbourhood Networks adequate?
- Jargon used in documentation.
- Was sufficient regard given to the capacity of small organisations to participate in the commissioning process?
- Concern at the quality of advice provided by the VOICE support worker – advised that a bid which ultimately failed was ‘very satisfactory’. Question whether this was the wife of someone working for the successful bidder: conflict of interests?

1.4 Evaluation of the tender documents

- A too ready acceptance of the visionary promises of the bidders who were provisionally awarded contracts – was their capacity to deliver adequately investigated and compared with existing networks?
- Concern that support officers, who invited discussion on problem areas being the same officers who were part of the evaluation panel.
- Terms of reference for evaluation appear to have been changed / ignored by the evaluation team (criteria 1,3,4; paras b,c,d).
- Insufficient testing of financial viability of bidding organisations.

1.5 Forward panning for the outcome of the process

- Did the tendering process take into account other monies raised by the existing schemes?
- An assumption that the time, energy and commitment of volunteers are transferable to the new schemes. Unsuccessful organisations do not want to transfer.
- Did the tendering process take account of the assets owned by unsuccessful bidders?
- Most of the Neighbourhood networks are registered charities with trustees responsible for an autonomous organisation. How can this structure be contracted to another provider or ‘umbrella organisation’?
- Officers played down the risk of disruption or diminution to services.

2 A number of other issues were raised by the NNS and stakeholders, which do not fit into the five main categories. These were:

2.1 Matters relating to the extension of contracts

- Would the extension until July have been sufficient to pursue TUPE arrangements?

- Successful organisations concerned at risks due to the delay in an atmosphere of cuts in public spending. If the issue becomes protracted, hope for a separate consideration.
- Erroneous letter offering 12 months extension (when it should have been three), followed by admission of ‘administrative error’.
- Requests for the incorrect 12-month extension to be honoured.

2.2 Matters relating to the review

- That it should be holistic and take account of what the Neighbourhood Networks actually do, rather than be a paper exercise.
- That there should be a swift and fair outcome.
- That the review should properly evaluate the entire Neighbourhood Network portfolio and look at the implications of the commissioning scheme from every angle, not just from the procurement aspect.
- That the review should not simply be ‘a desktop review of documentation’ (quote from SK letter of 26 March).
- That the review should consider the context of the procurement and the term ‘Leeds Neighbourhood Network Scheme’ carrying a particular model of community support.
- Appropriateness of Mr Kilgallon’s role as reviewer.
- The review should assess and evaluate the costs of the commissioning process – can the direct and indirect costs of the tendering and evaluation process be justified?
- Fears that the outcome of the review will result in a new tendering process all over again.

2.3 Matters relating to communication

- The identity of Leeds Irish Health and Homes as a successful bidder only came to light after a councillor downloaded the delegated decision notification.
- Lack of feedback to unsuccessful bidders.
- Frustration at continued inability to explain to management committees, staff and members the reason for lack of success.
- Outcome communicated by brief, formal letter offering three telephone numbers for feedback. No answer on the three phones.
- In the five east Leeds schemes, two received feedback, three did not.

2.4 Matters relating to Leeds Irish Health and Homes

- No comparable level of experience of working with older people.
- Works exclusively with one cultural group.
- Lack of collaboration with the five east Leeds schemes.
- The group has never before shown any interest in working in Burmantofts.

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APPENDIX 2

**Report to
Leeds City Council**

**Independent Review
of the
Procurement and Commissioning Process
for the Neighbourhood Network Schemes**

30 June 2010

W. Kilgallon & P. Howarth

INTRODUCTION

We were invited by Leeds City Council to conduct an independent review of the Procurement and Commissioning of Neighbourhood Network Schemes in Leeds.

We were asked to bring different expertise to the review and brief details of our relevant experience are attached at Appendix 1.

In carrying out the review we were given access to all the relevant documents and to all the officers of the City Council and NHS Leeds involved in the process with the exception of one person who was away from work because of illness.

We met appointed representatives of all 5 political parties represented on Leeds City Council and held an open “drop-in” session for elected members.

We met with representatives of 15 Neighbourhood Networks (NNs) – officers and trustees and visited a number of schemes.

We met with people who had been involved in the process as independent advisers at different stages.

A list of those whom we met is attached at Appendix 2

Additional information was provided promptly when requested and the Adult Social Care Department (ASC) made very good arrangements in terms of meeting rooms and other administrative support.

The review was carried out in accordance with terms of reference set out by the City Council which required the review team to consider in particular

- Preparation for change
- The choice of commissioning process
- The conduct of the commissioning process
- Evaluation of the tender documents
- Forward planning for the outcomes of the process.

Throughout this report responses are not attributed to named individuals unless considered relevant to the outcome of the report.

The reviewers would like to acknowledge the openness and honesty of all who contributed to this review by agreeing to be interviewed. We would also wish to thank those who invited us to their premises for the hospitality and warmth they showed to us.

1 NEIGHBOURHOOD NETWORKS

Neighbourhood Networks have developed across the city of Leeds since the first one was established in Belle Isle in 1985. We found that they are highly regarded by Elected Members of all parties and by the senior officers of the Adult Social Care Directorate and NHS Leeds. Their value has been recognised nationally and internationally. Most importantly there is strong evidence that they are value by older people.

The City Council reported that the “NNs were set up to improve the lives of older people in Leeds and are central to the City Council’s preventative strategy which is defined as good by inspectors. They earned the Council Beacon Status in 2002 and in 2006 an invitation to be a DWP Linkage Plus Pilot.”

We found that there was a shared and clear understanding of the important features of an effective Neighbourhood Network

- It works to reduce social isolation by increasing involvement and participation of older people in the community.
- It acts as a gateway to information, advice and support.
- It provides a range of practical activities and services.
- It is a community development organisation not a provider of care services.
- It works in an holistic and person centred way – “working with older people over many years, keeping a watchful eye as they grow older and frailer.”
- It covers a distinct geographic area and is run by and for local older people. Most of the NNs are independent local charities though some are part of or supported by a larger organisation.
- It works to bring in additional resources for the benefit of older people from charitable trusts, lottery grants, fundraising etc.

2 PREPARATION FOR CHANGE

The City Council set out to strengthen the NNs by combining funding from three statutory sources – the City Council, the NHS and Supporting People into one contract. The Council also sought to achieve greater stability for the NNs by offering contracts for 5 years with a potential to extend year on year for another 3 years. The Council sought to allocate the funding for the NNs on a more equitable basis.

In our view this case was well presented and clearly argued and offered an exceptional opportunity to the NNs of a five year contract with the option of a year on year extension for a further three years - a contractual arrangement which most voluntary sector organisations would envy. This underlined the commitment of the

City Council to the NNs in the most emphatic way possible. It also represented very good value for the City Council because each network is able to attract funding from other sources and this will be greatly enhanced by the stability of a 5 -8 year contract. The NNs also attract a very significant investment of time from volunteers-most of whom are older people. The return then for the Local Authority is far more than its investment.

The preparation of the case for change was comprehensive. All NNs were invited to complete a self assessment in 2008. This formed the basis for the 2008 Baseline Assessment Report which pulled together “for the first time comparative information about all schemes and gives a clear picture of the network as it currently operates and of the size and nature of the inequities and gaps which exist across the city.”

“An Analysis of Current and Future Needs of Older People in Leeds” was carried out in 2008 to inform the commissioning process. A series of consultation events were organised with NNs. A study of NNs infrastructure, capacity, review and support issues was undertaken. A consultation with older people who are members of NNS was carried out. Focus groups were held with older people attending luncheon clubs. A reference group of older people was consulted. Adult Social Care Team Managers who refer older people to NNs were asked their views.

In our view the communication and engagement at this stage of the process was good. The case for change was well articulated and the outcomes of an improved commissioning process were identified and broadly welcomed. However our investigations highlighted that some NNs had not fully understood the terminology, for example with regard to what collaboration but made their own assumptions instead of clarifying the position.

The NNs made clear at this stage that they were independent organisations not reliant totally on the City Council for funding. Although the Council’s reports at this stage acknowledge this and refer to the fact that of the total income of all the NNs together just less than half was provided by the City Council and NHS Leeds we consider that the officers involved underestimated the degree of independence both legally and in terms of the “spirit” of the NNs their trustees staff and volunteers and this had consequences later in the process.

3 CHOICE OF COMMISSIONING PROCESS

The City Council wished to move away from a grant based system with a service level agreement to a contractual arrangement. In part this was in response to NHS Leeds which was being encouraged by the Department of Health to use contracts in funding arrangements with the voluntary sector. The City Council also intended to

increase the funds available to NNs by use of Supporting People funding which is generally governed by contracts.

Given the outcomes that had been identified and the length of contracts on offer competitive tendering was in our view as good as any other option in terms of achieving a more equitable allocation of resources, establishing clear outcomes against which to measure the performance of NNs and allowing for greater transparency and accountability.

Some of the NNs expressed a preference for the grant and service level agreement arrangement and suggested that a stronger management and monitoring of that arrangement could have produced the same outcomes. Some NNs expressed the view that the monitoring had been too light touch although there was evidence of action being taken by officers of the Council in NNs where concerns had arisen. Other NNs expressed the view that monitoring of SLAs and performance data in the past had been too patchy. This probably strengthened the case for competition and perhaps unfairly weakened the case for better grant management. However in our opinion not enough to change the decision to proceed in the way that was determined

We felt that a more rigorous impact assessment should have been carried out at this stage to take into account the effect on matched funding and on other activities not covered by the process. Consideration of the impact on volunteering and the volunteers should have also been considered.

It was not clear to us that officers had fully thought through whether there were any potential alternative providers. The emphasis on locally managed services and the fact that the funding available only meets part of the cost of providing the service made it, in our view, unlikely that there would be a significant number of potential providers.

4 CONDUCT OF THE COMMISSIONING PROCESS

Overall we consider that the procurement process was implemented in an open, fair, transparent and legal way.

The City Council went out of its way to provide support to the NNS in undertaking the tender process.

There is a considerable variation in the staffing levels of the NNS – some only have one full-time employee. The capacity of trustees to assist in preparing the tender documentation also varies considerably across the schemes.

The City Council amended the Pre Qualification Questionnaire (PQQ) and all the NNs successfully completed this stage of the tender. The tender document was also simplified. Workshops were held to explain the process and independent advice was made available through Leeds Voice.

The NNs we spoke to had different opinions about the process – some found the paperwork challenging but compared it favourably with the process of application for funds from the Big Lottery. Others found it very daunting and time consuming. It may have been more appropriate, given the marketplace, to conduct this under open competition rather than the restricted process which would have reduced the need for separate documents

There was a similar difference of opinion about the workshops – some found them helpful others found them confusing. NNs commented that at the workshops officers were not able to answer many of the questions put to them. Some NNs found it difficult to be represented at the workshops particularly the smaller ones where the manager did not have any one else to cover their work. Comment was made to us by NNs that the workshops were often too occupied dealing with a small number of NNs who were clearly opposed to the process and were confrontational.

Problems in communication occurred at this stage. Some NNs said that they had gained the impression that the officers did not anticipate any significant change or risk for existing NNs – we cannot say whether or not there was any basis for this.

Officers said that one of their intentions was to encourage collaboration between NNs. This message was clearly not understood by the NNs and as we report in the outcomes section there were no joint bids, collaborative bids or consortia bids. In our view it was unrealistic to attempt a procurement process which was both competitive and collaborative given that a clear definition was not provided. Most of the organisations, the NNs, taking part in the process had never been involved in a competitive tender before and did not know if there were other bids in their area.

A number of NNs made use of the advice offered by Leeds Voice and this appears to have been a responsive and proactive service.

Some of the NNs did not take advantage of any, or all of the support available and seemed to have over estimated their ability or to have considered that there was no real risk to them.

NNs were also given access to some officers of the ASC and discussed their bids with them. Some of the NNs were concerned to find that these officers were involved at a later stage as members of the Evaluation Panel – this had not been made clear at the time. NNs were concerned that having openly discussed their weaknesses and strengths with officers may have influenced the evaluation of their bid. In our

view this was a mistake by the Council officers although we do not consider it had any impact on the evaluation process given the way in which that was carried out.

The City Council set up a question and answer service on the Supplier and Contract Management System.

Some of the NNs told us that this had been helpful and prompt in dealing with their questions others had not found the answers sufficiently detailed.

Overall our view is that the process was conducted satisfactorily. Considerable efforts were made to support the NNs – certainly much more than would normally be offered in such a procurement process.

We consider that the requirements of the tender documentation were proportionate in terms of the contract on offer and the long term stability this would bring to the NNs.

5 THE EVALUATION OF TENDER DOCUMENTS

The City Council set out clear criteria for evaluating the tenders. These were clearly set out in the relevant documents. All of the criteria were about the quality of service.

The Evaluation Panel consisted of City Council officers and an independent person who had previously worked as a Neighbourhood Network Manager. Each of them evaluated each tender on their own. The tenders were not identified by name at this stage. The panel then met to bring together their evaluations and agree an evaluation for each bid. Their markings were then sent to the Procurement Section to apply the weighting formula. It appeared to us that the evaluation had been carried out in a fair and consistent manner and the sample of full evaluations we considered supported this conclusion.

In our view a factor could have been included in the evaluation criteria about disruption to the service. This could have been a measure by which a new provider had to beat an existing provider which had submitted a satisfactory bid, though we appreciate that this may be difficult legally. An alternative would have been to have as one of the criteria experience of setting up and maintain a successful neighbourhood service. We also felt that perhaps some recognition of the ability to raise additional funds and resources should have been included in the evaluation criteria. In our view officers had underestimated the likely disruption and no factor of this kind was included in the evaluation criteria.

6 THE OUTCOME OF THE COMMISSIONING PROCESS

It was suggested to us by officers of ASC that they considered that the process would result in competition and would encourage collaboration between NNs.

In the event there were no examples of NNs coming together to put forward shared bids. In our view it is not realistic to expect collaboration in a competitive tender setting unless it is made very clear from the outset that organisations are expected to develop consortia or partnerships.

There was very little appetite amongst the NNs to bid for work outside their existing areas. We asked NNs whether they had considered bidding for other areas – most had not considered doing so because they firmly held the view that being local was one of the most important factors in the success of the NNs. Many of them are established as charities to work in a particular area and would have needed to amend their constitution to work in another area.

One NN made successful bids for its two neighbouring areas but in each case there were very specific local reasons for that. The three bids made by that NN, for its own area and its two neighbours, were amongst the 5 highest scoring bids across the city. The two existing providers scored at a level which, had there been no competition would have resulted in them being awarded the contract on a one year basis with a programme for improvement.

One NN made an unsuccessful, but high scoring, bid for one area in addition to its successful bid for its own area.

Four organisations not currently providing NN services made bids.

One voluntary sector organisation made unsuccessful bids in two areas. In one area the existing provider scored significantly better, in the other the existing provider scored better by a clear margin.

One national voluntary organisation (Age Concern) made a bid to provide in all 37 areas but scored very poorly. Its score was the second lowest in the process and was substantially below the third lowest scorer.

One private sector organisation (Carewatch) made a bid to provide services in 20 of the areas but scored very badly indeed. Its score was the lowest of all and was less than half the score of the second lowest.

One local voluntary sector organisation (Irish Health & Homes) made a bid to provide services in 7 areas – and scored better in 5 than the existing provider. In two areas the existing provider scored higher by a clear margin. In the 5 areas where IHH

scored higher than the existing provider the existing providers scored well enough that, had there not been the higher scoring bid, they would have been awarded a 5 year contract.

In 20 areas the existing provider faced competition from only Age Concern and Carewatch and in 5 areas the existing provider only faced competition from Age Concern.

It is our view that because officers had not fully appreciated the very local and independent nature of the NNs they were not well prepared to deal with the outcome of the procurement process where existing providers were judged to be unsuccessful.

The assumption that a smooth handover of work, staff and volunteers would be achieved was not grounded in reality. The fact that the evaluation process had not built in any disruption factor meant that officers had simply to go by the results of the competitive tender.

The communication of the results of the tender exercise was dogged by mistakes which exacerbated the unhappiness amongst those NNs that had not been successful. The staff of the ASC fully accept and acknowledge this. Sadly these mistakes led to a loss of confidence in the whole process.

7 CONCLUSIONS AND RECOMMENDATIONS

In our view the City Council intended to strengthen the Neighbourhood Networks, to achieve stability for them by long term contracts and to achieve equity of funding. The City Council successfully brought NHS Leeds funding and Supporting People funding into one grant mechanism with benefits to the funders and the NNs. This allowed the Council to increase the level of funds available and so to guarantee that no NN would receive less funding as a result of this exercise. The preparatory work establishing the case for doing this was very thorough, inclusive and well organised.

The City Council decided on a competitive tender exercise to effect the necessary changes. In our view this was a reasonable course of action given the length of contract on offer.

The City Council, in our view took appropriate steps to assist the NNs to take part in the tender process. There were, however, some failures in communication and a certain degree of antagonism developed between some NNs and the City Council staff.

In addition we do not believe that sufficient provision was made for escalation of disputes or scrutiny of outcomes. We consider that a more rigorous Gateway review extending beyond the project board may have prevented some of the negative outcomes of this report. Elected member involvement in the scrutiny process should also have been considered.

We do not consider that there is any justification for re-opening the procurement process. Further delay would be damaging to the Neighbourhood Networks.

1. We recommend that the recommendations set out in the Report of the Neighbourhood Network Project Board to the Delegated Decision Panel of 18.02.10 in respect of

A. "The following organisations have demonstrated that they can satisfactorily deliver the NNS contract" should be agreed and put into effect as soon as possible in respect of areas 1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 14, 16, 17, 19, 21, 22, 23, 24, 26,27, 28, 29, 31, 32, 33, 36, 37.

We recommend that in respect of areas 1 and 7 Adult Social Care should work with Bramley Elderly Action and the two unsuccessful existing providers to ensure that a continuity of service is achieved.

B. "The following Service Providers have failed to meet all the required standards however no alternative Service provider submitted a successful tender for these areas" in respect of areas 18,20, 25, 30 and 35 should be agreed and put into effect as soon as possible.

We recommend that where possible the Directorate seeks to resolve the issues identified with each Network in a shorter timescale.

C. "The following organisations failed to demonstrate their ability to meet the requirements to deliver the NNS contract and competing bids successfully demonstrated their ability to deliver the NNS" in respect of three organisations and the current providers in areas 1 and 7 should be agreed.

2. We consider that the report should have included another category –

"The following organisations have demonstrated that they can satisfactorily deliver the NNS contract however competing bids evaluated higher." In this category should be included the current providers in areas 3, 4, 13, 15 and 34.

We recommend that Adult Social Care initiates discussions with Irish Health and Homes, the successful bidder, and the existing providers in areas 3, 4,

13, 15 and 34 to explore a possible partnership approach. In our view there could be much to be gained in a partnership which allowed the existing providers to remain as independent organisations undertaking the work in an agreement or contract with Irish Health and Homes.

This would retain the local emphasis and enable those providers to continue to bring in other resources and retain their volunteers. Partnership with a larger organisation could bring efficiencies in terms of support services and increase the opportunities for developing shared services and social enterprises.

Across the voluntary sector there is a growing interest in organisations sharing resources at a time when statutory funding is being restricted and competition for charitable funding is growing.

We recognise that achieving such a partnership will be a challenge – and will require an imaginative and constructive approach from all parties. However, we were very encouraged by the positive commitment of all those involved in these services to improving the lives of older people and that gives us the confidence to suggest such an approach.

3. We looked carefully at the concerns expressed about the application of the funding formula in area 2. In the initial work a mistake was made and a part of the population was omitted – this was eventually corrected. There is still concern about whether the deprivation factor had been correctly applied. We do not have the expertise to make a judgement on this but we recommend that this specific issue is reconsidered by the City Council taking into account the evidence submitted.
4. We recommend that Adult Social Care identifies a clear link between the NNs and the Department at operational level so that there is good communication between the NNs and the ASC staff working with older people.

The Neighbourhood Networks provide a vital range of support across the city and the demand on their services will increase as the population of older people increases. The City Council values these services and this was emphasised by the decision to establish a long term funding arrangement. This procurement exercise has produced some very positive results – a clear agreement on the role of Neighbourhood Networks, a sound basis for contracts between the City Council, NHS Leeds and the NNs with defined outcomes and a long term funding arrangement. This secures the current services and builds a foundation for Neighbourhood Networks to develop further.

It is regrettable that the procurement which was intended to produce such positive results became a source of controversy. Communication problems at various stages of the process were largely to blame for this.

The majority of Neighbourhood Networks did not have previous experience of competitive tendering and will have learnt a good deal from this exercise which we are sure will be of benefit to them as future opportunities arise to develop services or deliver services differently.

The City Council will also have learnt a great deal more about the way the voluntary sector works and particularly how valuable the independence of organisations is in developing local ownership and drawing in volunteers.

This review has further delayed the decisions being put into effect but it was an appropriate action for the City Council to take.

The focus of this review was the procurement exercise but we could not fail to be impressed by the achievements of the Neighbourhood Networks and the vision of the City Council, across all parties and over many years, in supporting them.

APPENDIX 1

The Review Team

Bill Kilgallon OBE

Has been Chief Executive of St Gemma's Hospice, Leeds since May 2007. Prior to that he spent four years as Chief Executive of the Social Care Institute for Excellence – an independent body established by government to identify and transfer knowledge about good practice in social care. From 1978 to 2002 he was Chief Executive of St Anne's Shelter & Housing Action (now St Anne's Community Services).

He was a member of Leeds City Council from 1979 to 1992 during which time he chaired the Social Services, Housing and Environment Committees and served as Lord Mayor.

He has considerable experience as a non-executive in the NHS including serving as Chair of the Leeds Community & Mental Health Services NHS Trust from 1992 to 1998 and as Chair of the Leeds Teaching Hospitals NHS Trust from 1998 to 2002.

He qualified in Social Work at LSE and Warwick University (MA in Social Work), has an MSc in Management from Lancaster University and a first degree in Theology.

Peter Howarth

Peter has a long career record in procurement and local government. He is Managing Director of a consultancy and training company (SBV Ltd), specialising in procurement and contracting matters, primarily in the public sector. He is also the CEO of the Society of Procurement Officers (SOPO).

His previous posts include Director of Strategic Management, Associate Director of Resources and County Purchasing Officer for Suffolk County Council and Deputy County Supplies Officer with Shropshire CC He has also been an advisor and an associate of IDeA and 4ps.

He spent 15 years in engineering procurement with British Leyland in the Automotive division and then for the Special Projects division.

He is a Fellow of the Chartered Institute of Purchasing and Supply (CIPS) a founding member of the Society of Purchasing Officers and the Central Buying Consortium (CBC). He is also a member of IPSE, the IOD and the FSB. He is a visiting lecturer at Birmingham University.

He was one of the first graduates from the Birmingham University MBA in Strategic Procurement programme and also has a degree in Applied Economics.

APPENDIX 2

List of meetings and visits during the review

Representatives of the following Neighbourhood Networks

Middleton Elderly Aid

Neighbourhood Elders Team

Swarcliffe Good neighbours

Richmond Hill Elderly Aid

Crossgates and District Good Neighbours

Aireborough Voluntary Services to the Elderly with Disabilities

Burmantofts Senior Action

Farsley Live at Home

Bramley Elderly Action

Older Active People

Caring Together in Woodhouse and Little London

South Seacroft friends and Neighbours

Bidders who were not previously Neighbourhood Networks

Carewatch

Shantona

Leeds Irish Health and Homes

Leeds City Councillors

Representatives of all four political parties

Drop-in sessions to which all elected members were invited.

Leeds City Council staff

Sandie Keene

Nicole Jackson

Dennis Holmes

Wayne Baxter

Tony Bailey

Nick Cairns

Tim O'Shea

Susan Gamblen

Michelle Atkinson

Mick Ward

Emma Carter

Commissioning partners

Kathryn Ingold, NHS Leeds

External Advisors

Gill Coupland

Liz Riley, Procurement Consultant
Bill Rollinson, Care and Repair
Rachel Koivunen, Leeds Voice

**APPENDIX 3
LEARNING LOG**

Neighbourhood Network Review – Learning Log 29th June 2010

Issues	Learning	Proposed Action	Timescale
<p>Confusion with regards to entering into a competitive process whilst at the same time being encouraged to collaborate with one another in submitting joint bids.</p>	<p>Assumptions cannot be made that an understanding has been reached through discussions and training events.</p>	<p>In addition to workshops/ training etc, written guidance to be produced for future procurement exercises and reference made to that guidance within the tender documentation.</p>	<p>October 2010</p>
<p>Concerns that Officers who had acted as advisors to the bidding organisations in the first part of the process were the same Officers who evaluated the bids</p>	<p>To not underestimate the level of anxiety experienced by some organisations and recognise the danger of this anxiety leading to misunderstandings and misinterpretations.</p>	<p>Advice sessions to respond to technical queries are provided by members of the Project Team who are not on the Evaluation Panel. Consider the value of anonymising the tender submissions during the evaluation process.</p>	<p>Ongoing Ongoing</p>
<p>No formal assessment of the impact of the recommendations.</p>	<p>Acknowledge the importance of formally recording and reporting the potential impact of decommissioning a service(s) before recommending award of a contract(s).</p>	<p>Formal impact assessments to be integral to all commissioning exercises and ensure one is undertaken at the point of making recommendations. Council Members should be briefed and have sight of the business case accompanied with the risk and benefits assessment document.</p>	<p>Ongoing Ongoing</p>

Issues	Learning	Proposed Action	Timescale
<p>No provision within the scoring of the bids to take account of potential local disruption in the event of an organisation being unsuccessful in its bid.</p> <p>Insufficient consideration of the impact on service users and the ongoing support of volunteers.</p>	<p>More sensitivity and awareness to be applied when assessing the potential impact of procurement exercises of this nature</p>	<p>Refer to Legal service for further discussion</p> <p>Members should be briefed and have sight of the business case accompanied with the risk and benefits assessment document.</p>	<p>September 2011</p> <p>Ongoing</p>
<p>Lack of Member involvement in Procurement.</p>	<p>Members should be offered the opportunity to positively contribute towards commissioning processes.</p>	<p>Legal to investigate whether increased and timely Member involvement could be incorporated into the Contract Procedure Rules (CPRs).</p>	<p>October 2010</p>
<p>Contract award letters – format and language inappropriate for small to medium user-led organisations.</p>	<p>The standard contract award letter issued by the Corporate Procurement Unit needs to be reviewed and rewritten in a more service user friendly format whilst at the same time incorporating the legal requirements.</p>	<p>Adult Social Care, Legal and Corporate Procurement Unit to agree letters appropriate to the tendering of service</p> <p>Members to be offered the opportunity to be part of the discussions.</p>	<p>July 2010</p> <p>July 2010</p>



Originator: Sandra Newbould
Tel: 2474792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 19^h July 2010

Subject: Inquiry into Supporting Working Age Adults with Severe and Enduring Mental Health Problems– Draft Report

Electoral Wards Affected: All

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Introduction

- 1.1 At the 6th of May 2009 meeting the Scrutiny Board (Adult Social Care) expressed their concern about the level of support for those individuals detained under the Mental Health Act and then discharged into the community. The Board stated their interest in holding a major inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17th of June 2009.
- 1.2 The inquiry was undertaken with representation and participation from members of the Health Scrutiny Board. This Inquiry has now concluded and the Board is in a position to report on its findings and recommendations resulting from the evidence gathered.
- 1.3 Scrutiny Board Procedure Rule 14.3 states that "where a Scrutiny Board is considering making specific recommendations it shall invite advice from the appropriate Director(s) prior to finalising its recommendations. The Director shall consult with the appropriate Executive Member before providing any such advice. The detail of that advice shall be reported to the Scrutiny Board and considered before the report is finalised".
- 1.4 The Directors of Adult Social Services, Resources, Environment and Neighbourhoods, the Director of Care Services & Chief Nurse (Leeds Partnerships NHS Foundation Trust) and the Executive Board Member for Health and Social Care have been invited to provide advice.

It has been confirmed by the Directory of Environment and Neighbourhoods that in relation to paragraph 36 of the report the joint protocol has been published, which was launched on the 29th June 2010. A copy of this protocol is attached as appendix 2.

Appendix 3 highlights the reduction in delayed hospital discharge due to housing. With regard to Recommendation 1, The Director of Care Services & Chief Nurse (LPFT) has confirmed that LPFT has already signed up to the Mindful employee initiative and works within the respective guidance and principles. Leeds City Council is looking to sign up to the Mindful Employer initiative in the very near future. With regard to Recommendation 2, Leeds City Council is commissioning Mental Health First Aid training corporately. Work is being undertaken to secure the funding to enable the roll this training during 2010/11.

- 1.5 Once the Scrutiny Board publishes its final report, the appropriate Director(s) will be asked to respond to the recommendations which will be reported by the Head of Scrutiny and Member Development to the Executive Board within three months.

2.0 Recommendations

- 2.1 The Board is asked to agree its inquiry report on Supporting Working Age Adults with Severe and Enduring Mental Health Problems.

3.0 Background Papers

- 3.1 None

**Draft Scrutiny Inquiry Final report
Supporting Working Age Adults with
Severe and Enduring Mental Health
Problems
19th July 2010**



Introduction and Scope

Introduction

1. At the 6th May 2009 Adult Social Care Scrutiny Board meeting members expressed their concern at the lack of support for those individuals detained under the Mental Health Act and then discharged into the community. At that time it was felt that this area would be a potential item for the successor Adult Social Care Board to consider.
2. The newly established Adult Social Care Scrutiny Board expressed interest in conducting an inquiry in relation to Mental Health Services for working aged adults at its meeting on the 17th June 2009.
3. We wanted to determine if adequate support was provided to those with severe and enduring mental health problems by Leeds City Council, the Health Service and the Voluntary Sector.

Scope of the Inquiry

4. A scoping paper was presented to the Proposals Working Group for discussion on the 20th of July 2009.
5. Subsequently terms of reference for this inquiry were agreed at our Board meeting on the 9th September 2009. We agreed to focus on the following areas:
 - The current provision of care in Leeds and performance information.
 - The pathways into support services.
 - Choice and control for the individual or their representative.
 - The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector and the Council and

how these compare in terms of quality and value for money.

Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.
6. We determined that it was important to conduct a joint inquiry with representation from the Health Scrutiny Board therefore participation from that Board was invited.
 7. We considered the best approach for carrying out this inquiry and concluded that by establishing a working group we would have the capacity to undertake the inquiry in greater detail. The members of the working group were:

Cllr Judith Chapman – Chair

Cllr Sue Bentley (Health)

Joy Fisher – co-optee

Cllr Clive Fox

Cllr John Illingworth (Health)

Eddie Mack - co-optee (Health)

Sally Morgan – co-optee

Cllr James McKenna

Cllr Eileen Taylor

8. Throughout the inquiry the working group regularly reviewed the terms of reference and where necessary introduced other areas for consideration to facilitate the inquiry.
9. We feel it is important to recognise the roles and responsibilities which the Adult Social Services Department and our partners in the Health Service and Voluntary Sectors have for the delivery of mental health services, whilst working



Introduction and Scope

towards the many requirements specified in a number of government agendas detailed at the end of this report.

10. Recognising the range of stakeholders involved and responsible for the delivery and success of mental health services, we received a range of evidence both in written and verbal form from the following:

- Officers from Adult Social Services
- Experts by Experience (Service Users)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- NHS Leeds
- Voluntary organisations

11. The inquiry consisted of four working group sessions, the presentation of written information and feedback from individuals who are involved in the delivery of mental health services in Leeds. Further information relating to each of these sessions is detailed at the end of this report.

12. In order to promote our level of knowledge, the initial part of our inquiry consisted of gaining an understanding of mental health and the types of support provided by Leeds City Council and our Partners.

13. We are very grateful to everyone who gave their time to participate in this inquiry and for their commitment in helping us to understand, review and monitor this area.



Conclusions and Recommendations

Introduction

What is mental health? – Good mental health is more than the absence of management of mental health problems; it is the foundation for well-being and effective functioning both for individuals and their communities. Mental well-being is about our ability to cope with life's problems and make the most of life's opportunities; it is about feeling good and functioning well, as individuals and collectively. *New Horizons – Towards a shared vision for mental health, Department of Health 2009*

14. Our objective was to identify how well the Council and its Partners provide the necessary care to improve the health for those who suffer severe and enduring mental health problems, whilst understanding and identifying the types of support which benefit and promote social integration.
15. During the inquiry it became apparent that Mental Health Services are undergoing major change to ensure that support is based on the needs of the individuals rather than slotting individuals into available facilities. At the conclusion of the inquiry we felt that there is still scope for additional and more detailed investigation, including keeping a watching brief on the service as it develops, which is reflected within this report.
16. The economic cost of Mental illness is considerable. Mental illness represents the single largest cause of disability. In England in 2007 service costs, which include NHS, social and informal care, were £22.5 billion.¹ This figure is

¹ Confident Communities, Brighter Futures – A framework for developing well-being, Department of Health 2010

predicted to increase over the forthcoming years. By effective and integrated service commissioning and provision we believe the financial pressures could be reduced. We also consider that supporting employees to remain in the workplace, or back into the workplace after illness, will not only be beneficial to individuals but will be beneficial economically to the Council, its Partners and the local economy in general.

Recovery and Support

17. We were advised that 'New Horizons' (published on the 7th December 2009) is the government vision for mental health and well-being for England from 2010 onwards. The aims are to promote success in terms of outcomes for the service and for individuals. The vision builds on work already done to focus on identifying mental health problems early, providing services and treatments in ways that meet people's individual needs, making services better and using resources effectively. The vision has been published in conjunction with two other government documents which focus on employment, therefore underlining the importance of employment to aid integration and recovery.
18. We identified that there is a clear focus on prevention and early intervention. While understanding the rationale for this we stated our concern as this is very difficult to control and monitor. Prevention and intervention has a remit wider than medical or Social Services involvement. We were advised that there is a very vibrant voluntary sector in Leeds that makes a significant contribution to overall service provision,



Conclusions and Recommendations

particularly around prevention and intervention. There are also requirements for people to feel safe and secure, to have adequate housing and financial stability. Society is required to change its attitude to mental health in order to remove stigma and improve public awareness of the prevalence of mental health problems.

19. We were advised that social inclusion is an important aspect of recovery. People derive satisfaction in life from their relationships, work, home, religious or spiritual beliefs and leisure interests. Social inclusion is about breaking down barriers people may face in feeling connected to their personal networks and ensuring that mental health service users are able to benefit from the same opportunities as anyone else.
20. The Time to Change campaign team provided us with a presentation which highlighted the main aims of the campaign. Time to Change is a three year programme running across England which aims to end discrimination faced by people who experience mental health problems. We support this initiative and appreciate that a change in culture and attitude is something that will take time to evolve. Positive steps to end discrimination should be promoted at every opportunity and in every aspect of service provided or received by Leeds City Council.

Employment

21. UK employers annually pay an estimated £9 billion in statutory sick pay and occupational sick pay, of which it is thought around £2-4 billion is likely to be paid because of mental ill-health. This

includes both diagnosed and self-declared illnesses.²

22. In addition, we are aware that there are hidden costs to employers, for example the lost productivity of people who are at work but not working to their full potential, often referred to as presenteeism, and the cost associated with replacing staff if people leave their job because of mental ill-health.

23. It has been stated that employment provides a number of benefits to individuals suffering mental illness.

Employment provides people with:³

- Meaning and purpose in life- a reason to get up in the morning,
- A means of structuring and occupying time,
- Status and identity in society,
- Social inclusion, linking us to our communities and enabling us to contribute to them,
- An income and the resources necessary to raise individuals and their families out of poverty,
- Social contacts, social networks and social support.

24. It was brought to our attention that the Government has made a commitment to improve employment rates for people with severe mental illness under Public Service Agreement 16 (PSA16). PSA16 focuses on four client groups who are particularly vulnerable to multiple forms of disadvantage and includes adults

² Working our way to better mental health: a framework for action, Dept for Work and Pensions 2009

³ Realising Ambitions: Better Employment support for people with a mental health condition, Dept for Work and Pensions 2009



Conclusions and Recommendations

receiving secondary mental health services. Being in sustainable employment in one of the key factors in reducing the likelihood and impact of social exclusion for at risk adults, impacting positively on health and well-being, reducing offending behaviour, supporting stable housing and representing a route out of poverty.

25. We believe that supportive employment policies and practices could promote a win-win situation to support people in the workplace, decrease staff turnover and therefore reduce loss in terms of skills and revenue.
26. In April 2009 the Scrutiny Board (Central and Corporate Functions) published an inquiry into Attendance Management which made a number of recommendations. Recommendation six states that 'It is important that the Council is aware of its role and influence as an exemplar employer across the City and we would encourage the City Council to work with the Healthy Leeds Partnership to co-ordinate existing and develop new health and well-being initiatives across the city.'
27. We have determined that Leeds City Council, Leeds Partnerships Foundation Trust and NHS Leeds should set the example as employers and seek to become one of a number of employers supporting the Mindful Employer Initiative. The Initiative aims to increasing awareness of mental health at work and provides support for businesses in recruiting new staff and retaining existing staff.

Recommendation 1 – That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds become fully signed up to the Mindful Employer Initiative by June 2011 and that all sickness, ill health and capability related policies and procedures are updated to

- a) aid those suffering with mental health related illnesses back into work
- b) support employees with mental health related symptoms whilst in the workplace.

28. Furthermore, we consider that investment should be made to provide a number of employees with the necessary skills to deliver Mental Health First Aid (MHFA) in the workplace, as appropriate to each organisation. This will enable employee mental health problems to be identified and the provision of support or signposting at the earliest possible time, in order to ensure that people seek the necessary help.
29. Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained. MHFA does not teach people to be therapists. However, it does teach people how to recognise the symptoms of mental health problems, how to provide initial help and how to guide a person towards appropriate professional help.



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Recommendation 2 – That Leeds City Council (specifically the Director of Resources) LPFT and NHS Leeds ensure that

- a) their organisation obtains the necessary training to provide Mental Health First Aid to the workforce by June 2011. Each organisation is required to advise the Scrutiny Board in December 2010 of their progress and/or plan to meet this objective
- b) incorporate the initiative into workforce development plans within each organisation (or equivalent plan)

Care Pathways and Support

30. We were keen to explore how the appropriate levels of secondary care and support are determined and put into place once an individual has been admitted to hospital. We were advised that care planning commences when a person is admitted to hospital.
31. The process is overseen by a care-coordinator who supports the individual. Care co-ordinators maintain regular contact with service users whilst they are in hospital and help facilitate a return to the community. Potential difficulties in discharging services users, for example accommodation issues, are identified as soon as possible and plans put in place to ensure that service users are discharged as soon as clinically suitable.
32. We were advised that the biggest recent change that mental health services have

undertaken is the review of discharge planning, focusing on the individual from admission rather than at the end of their hospital stay to ensure that discharge and care planning is effective and organised.

33. As part of the suicide prevention strategy and in the wider context of mental health support we were informed that all service users discharged from hospital should receive a follow up meeting/discussion seven days later. 96% of users receive this. It was clarified that there are usually exceptional reasons why the 4% do not receive this follow up, e.g. one individual had returned to their country of origin.
34. We were informed that it is common for individuals to experience eviction from their residence when admitted to hospital with mental health problems, resulting in an unknown or unstable accommodation situation. Historically individuals were then approaching housing offices for emergency accommodation. In November 2008 the Accommodation Pathways (Hospital Discharge) Project⁴ reviewed the system of accommodation referrals and the assessment processes for those receiving secondary mental health in patient services. The aim was to improve the discharge process and remove accommodation barriers which could delay discharge.
35. Currently Housing Options officers are conducting specific work with individuals admitted to the Newsam and Becklin Centres to review accommodation and undertake housing needs assessments.

⁴ The partnership project involved Leeds City Council, Volition, NHS Leeds and Leeds Partnerships NHS Foundation Trust.



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This is to identify accommodation, re-house or resolve issues arising at the current abode. It is particularly pleasing to note that there has been significant reduction in discharge delays due to housing since July 2009 when this work began.

36. It was brought to our attention that a joint working protocol had been produced but not yet implemented and timescales for implementation were unknown due to restructuring within the health service.

Recommendation 3 – That the Director of Environment and Neighbourhoods updates the Adult Social Care Scrutiny Board in December 2010, on the progress of protocol implementation and the impact of the Accommodation Pathways project.

37. Self Directed Support facilitates a number of benefits to individuals particularly those who wish to manage their own care and support. A personalised budget offers greater choice and control over the services they wish to receive. The Adult Social Care Scrutiny Board published an inquiry report on Self Directed Support and Personal Budgets in March 2010. During that inquiry it was identified that the take up of Self Directed Support by mental health service users has been low in Leeds.
38. We are therefore particularly pleased to note that a representative from the Assertive Outreach team will be joining the Self Directed Support Team to ascertain if their clients would benefit by having personal budgets. We believe this will offer service users an alternative

to the traditional types of care packages offered.

39. During the course of the inquiry we were joined by organisations who explained the beneficial aspects of the support provided. Some examples are outlined as follows:
40. The Vale is an example of a Council run service for those who have long term and enduring mental health problems. The centre's aims are to reduce hospital admissions, medication and the reliance on services and help people to gain experience of employment. Link workers are in place to find local opportunities that may be useful for service users such as leisure activities, educational courses and volunteering.
41. The centre runs a number of therapeutic groups to promote wellness, recovery and healthy living and works with various partners including the NHS, Voluntary Community and Faith Sectors (Community Links, Touchstone, Potterdale, MIND, Working Minds, Making Space, CAB) and the local community.
42. The Vale also facilitates a scheme called 'New Leaf Gardeners' which promotes recovery through voluntary unpaid employment as it encourages integration and social inclusion. It also enables individuals to gain a horticulture qualification. This scheme provides further evidence of the merits of recovery through employment. We appreciate the value of such a scheme as a good example of community integration and access to sustainable training and employment.



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43. Arts and Minds presented a short film to the working group which demonstrated the objectives of the network and how beneficial it is to those who participate. The aim of Arts and Minds is to increase public knowledge and understanding of mental health through the arts.
44. The Community Alternatives Team (CAT) provides opportunities for people to participate in a variety of activities within their local communities. This includes participation in sports, exercise and social groups. The approach is person centred, providing support in coping with real life situations. Service users are encouraged to set up their own groups or social networks if the social activity is not already supported by the CAT.
45. The service aims to help service users manage their lives and gain paid or voluntary employment.

Needs Based Commissioning, Service Provision and Delivery

Poor mental health and well-being can be both a determinant and an outcome of poverty, disadvantage and social inequities. *Confident Communities, Brighter Futures* – A framework for developing well-being. Department of Health 2010

46. We were particularly interested to identify if services are commissioned based on the needs of the population and if there is a consistent approach to service delivery across the City. We were advised that in Leeds, Social Services staff work in cooperation with health colleagues in multi-disciplinary teams.
47. We were also advised that current working arrangements have evolved organically over time and are being applied differently in different areas of the City with varying degrees of success. We were reassured to hear that both Adult Social Services and Leeds Partnerships Foundation Trust have agreed to look again at how they work more effectively in partnership and have started to scope a project proposal to deliver this aspiration.
48. Currently the mental health and social care system does include some duplication of effort. Examples were; the Community Mental Health Teams, Emergency Duty Team, Crisis Resolution and the Home Treatment Service. We were advised that such services are being evaluated to identify if there is a more effective way of delivering support.
49. We were informed that some service reviews have been undertaken which have identified a number of gaps in service provision, such as the need for additional mental health crisis support in the City. We welcomed the news that action was already being taken to resolve this to deliver additional hours of service at evenings and weekends to ensure support twenty four hours a day, seven days a week across the City.
50. We believe there is further scope for an inquiry into the Crisis support function and consider that this should form the basis for further scrutiny during the 2010/11 municipal year. The terms of reference should consider the service



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provided compared to the needs across the City, access to the service and how the service is communicated to those who may need crisis support. (See paragraphs 70 and 71)

51. We were also advised that the service reviews had identified some services with lengthy waiting lists, comparatively small caseloads and low levels of throughput. It was clarified however that considerable work is being done with all services over past months to address these issues. This includes the development of action to implement recommendations, regular meetings between providers/commissioner and the creation of a number of steering groups to drive forward progress. It was also recognised that some service providers are victims of their own success due to high demand for their service.

52. The Home Support Service provides 1:1 community based support and group-work for people (16-64) with mental health issues. We were advised that this service covers most areas of the city with the exception of East and North East Leeds. It was explained to us that Community Links were commissioned to bridge this gap. We were further advised that a consistent Home Support model is not available throughout the City. We believe that a consistent high quality service should be available City wide based on assessed needs rather than geographical location of residency.

Recommendation 4 – That the Director of Adult Social Services assesses the need for a consistent Home Support service for the whole City by December 2010 with a view to identifying inequities in service provision and applying appropriate measures to rectify the position.

53. We were advised that in general there is very little duplication in commissioned services with many of the jointly commissioned services having a city-wide catchment area. However we noted that a number of service providers are primarily concentrating on working with service users in the areas where the providers are based and not across the whole city.

Recommendation 5 –

- a) That the Director of Adult Social Services and commissioners from NHS Leeds take the appropriate action to ensure contracted service providers are providing the necessary support to service users regardless of geographical location in the city.
- b) That the Director of Adult Social Services provides an update to the Adult Social Care Scrutiny Board of the action planned/taken by Adult Social Services and partners as part of the programmed commissioning update scheduled into the 2010/11 scrutiny work programme

54. We were disappointed to hear that capacity to undertake some joint commissioning has been frustrated due to difficulties with some long term NHS contracts. However representatives from NHS Leeds did reassure us that they are proactively focusing on utilising voluntary sector services based locally.

55. Volition is an alliance which brings together a diverse group of voluntary sector organisations, facilitating events and meetings for members and opportunities for voluntary sector networking. They promote cross sector working and partnerships and are an active member in the Mental Health



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Programme Board and Expert Advisory Group, influencing strategic work in mental health services.

56. Representatives from Volition provided us with an overview of third sector service provision in the City, providing reassurance that Leeds has a thriving third sector. We were advised that the third sector has the flexibility to work on large and small scale projects in a responsive way which may be a challenge to large organisations. We recognise that the voluntary sector has a definite impact in stopping the downward spiral of ill health.
57. Working in partnership with Leeds City Council and mental health services within the NHS the voluntary sector provides some statutory functions. Volition advised that the voluntary sector would like to collaborate further, stressing a willingness to work more closely on commissioning.
58. A number of concerns were raised which again included geographical inequalities of service provision across the city. We were also advised that short term funding from partners such as Leeds City Council and the Health Services can hinder the ability of the voluntary sector to plan long term initiatives. Whilst we appreciate that guaranteed longer term funding allocations would be more beneficial, we also understand that both Leeds City Council and the health services are under significant financial pressures which cannot always allow for long term financial commitments to other organisations.

Effective multi-agency commissioning will:

- Be based on effective process and the content of the Joint Strategic Needs Assessment
- Integrate approaches across the whole population
- Include the needs of mentally ill offenders
- Procure efficiently, including the use of World Class Commissioning, tariffs and the standard contract
- Stimulate vigorous, competitive provider markets
- Be based on an understanding of value for money, with agreed and appropriate means of measuring outputs and outcomes
- Involve frontline staff, service users and carers.

New Horizons – Towards a shared vision for mental health, Department of Health 2009

59. Leeds City Council and NHS Leeds have a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) that identifies the current unmet and future health, social care and wellbeing needs of the local population.
60. The legislation intends that the JSNA will inform the plans, targets, priorities and actions, however it also provides a comprehensive profile of Leeds across a number of areas which will identify :
- Demography
 - Socio-economic and environmental factors
 - Lifestyle (particularly 'healthy living') issues
 - Ill health
 - Health and Social care service provision



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61. Building on the Joint Strategic Needs Assessment we were advised that NHS Leeds has commissioned an independent Mental Health Needs Assessment (MHNA) in order to systematically review the mental health and emotional wellbeing or needs of the Leeds population. This will lead to recommendations that will inform future prevention initiatives, service development and commissioning intentions. The MHNA will also specifically investigate any causes of inequalities in mental health. We have already identified some service inequities across the City and therefore consider this a major step in addressing this problem.

62. We were advised that some of the key objectives of the MHNA are to:

- Estimate the incidence and prevalence of mental health conditions in Leeds.
- Provide an overview of the uptake of services in the Leeds population
- Assess whether there are any unmet mental health needs in the Leeds population.
- Identify any areas of mental health inequalities in Leeds including those that relate to gender, age, ethnicity, area of residence, physical disabilities.
- Provide intelligence and evidence to inform commissioning and prevention initiatives.

63. It was initially reported that the MHNA would be completed by March 2010 and presented to the Adult Social Care Scrutiny Board for consideration as part of this inquiry. Unfortunately this deadline was not met due to delays in completing the report. Based on the evidence presented, we feel there is a

strong case for the outcome of the assessment and the future commissioning plans to be investigated further to ensure service inconsistencies across the city are minimised.

64. We therefore recommend that the Adult Social Care Board schedule this into the work programme around December 2010. We have been advised that a joint mental health commissioning plan is in the process of being written, which once completed, will outline the intentions for commissioning for the following three years. It is anticipated that the report will be at an appropriate state for presentation to the Adult Social Care Scrutiny Board along with the MHNA at this time.

Communication and Service User Involvement

65. A number of Experts by Experience kindly contributed to the inquiry, providing valuable knowledge and information to the investigation. We were particularly interested to hear their views about the support they have received. We also sought their views on crisis support asking specifically if they knew how to access the service.

66. Most experts expressed the value day centre facilities provide, stating that they are essential to provide structure and support and as a place where individuals can go and talk to other people. Friendship groups are also formed and carers can receive some respite.

67. In addition to the day centre provision we were advised that a large amount of work is also undertaken with community groups, as there is a need to provide not



Conclusions and Recommendations

only buildings based support but a balanced service, with access to main stream activities that most citizens enjoy, allowing them to live their life in the way they want. A range of support is provided by The Vale and the Community Alternatives Team, by providing both building based service and outreach support in equal measure. The aspiration for any future service redesign will be to provide access to services seven days a week to provide the necessary support at the weekend.

68. The experts explained they had found announced changes to the service provision unsettling specifically the move from Roundhay Road to Lovell Park. They explained that for individuals with mental health problems change can be difficult to cope with and for some service users traumatic. They suggested that this can be alleviated in part with more early effective communication, keeping both staff and service users in 'the loop' and up to date on progress, or lack of it. One expert specifically stated that he felt cut out of the communication link, was not listened to and did not receive feedback. Conversely we were also advised of the different ways Service Users had been involved in this particular move and other service changes.

69. The importance of conducting any change 'with' service users rather than 'for' service users was stressed to us, thereby engendering an inclusive change process. In practice however, we acknowledge that some service users have felt excluded or ill informed about areas that affect them significantly. We believe that more could be done to empower service users to be involved in the change process,

incorporating or considering their suggestions and providing regular feedback in order to minimise the negative experiences that change can sometimes create.

Recommendation 6

- a) That before December 2010 the Director of Adult Social Services evaluates the methods of communication currently utilised with a view to improving the process to create clear and defined lines of communication. The resulting improvement plan should identify how service users will be consulted and involved in the process and how change will be communicated to service users to minimise anxiety, disruption and misunderstanding.
- b) That NHS Leeds and LPFT adopt a process of communication and involvement consistent with the improved plan implemented by Adult Social Services.

70. The experts stipulated that in a crisis they would not know who to contact or how to obtain support. We were advised that crisis support is in place and certainly publicised at The Vale however it was acknowledged by service provider representatives that this service needs to be more widely publicised. It was also stipulated that work is currently underway to achieve this. Based on feedback from the experts we consider that current methods of communicating crisis support does require review and a more effective means of information provision and communication needs to be employed. The Experts usefully suggested that the information should be printed on a wallet size card that service users can carry at all times.



Conclusions and Recommendations

71. As outlined in paragraph 50 of this report we feel that further investigation of the crisis support provision is required by the Adult Social Care Scrutiny Board, which should include further investigation of the work undertaken to raise awareness of this service.



Monitoring arrangements

Standard arrangements for monitoring the outcome of the Board's recommendations will apply.

The decision-makers to whom the recommendations are addressed will be asked to submit a formal response to the recommendations, including an action plan and timetable, normally within two months.

Following this the Scrutiny Board will determine any further detailed monitoring, over and above the standard quarterly monitoring of all scrutiny recommendations.

Reports and Publications Submitted

- Report of the Director of Adult Social Services, Overview of Mental Health Services – 15th October 2009
- Report of the Director of Adult Social Services, Care Pathways – 17th November 2009
- Report of the Director of Adult Social Services, Commissioning Mental Health Services – 17th November 2009 (Appendices - Identification of Levels of Need, Leeds Adult Social Care and NHS Leeds Commissioned Mental Health Services, Diagram of Leeds Specialist Mental Health Care Provision, Diagram of Leeds Integrated Common Mental Health Pathway)
- Report of the Director of Adult Social Services, The Recovery Model – 9th December 2009
- Report of the Director of Adult Social Services, New Horizons – 5th January 2010

Presentations

- Community Alternatives Team
- The Vale Day Centre
- Time to Change
- Arts and Minds
- Knowledge Transfer Partnership

Action Plans and Guidance Documents

- Leeds City Council Adult Social Care – Policies and Procedures (principles for practice) The Mental Health Act 1983
- Adult Mental Health Services Provided by Leeds Partnership Foundation Trust
- Department of Health – Making the CPA work for you.
- The Care Programme Approach
- Mental Health Performance Indicators and Data
- Volition Annual Review 2008
- Post Hospital Discharge - 7 Day Follow up Action Plan
- Mindful Employer Campaign



Action Plans and Guidance Documents Continued

- New Horizons – Towards a shared vision for mental health, Consultation. Department of Health 2009
- Confident Communities, Brighter Futures, A framework for developing wellbeing. Department of Health 2010
- Realising Ambitions: Better Employment Support for people with a mental health condition. A review to Government by Rachel Perkins, Paul Farmer and Paul Litchfield. Department for Work and Pensions 2009
- Working our way to better mental health: A framework for action . Department for Work and Pensions 2009.

Witnesses Heard

Experts by Experience

Leeds Partnership NHS Foundation Trust

Michele Moran - Director of Service Delivery & Chief Nurse

Victoria Betton – Time to Change

Lynn Parkinson

Christopher Essen – Knowledge Transfer Partnership

Leeds City Council

Kimberley Adams – Business Change Manager

Steve Callaghan – Adult Commissioning Officer

Sinead Cregan – Adult Commissioning Manger

Debbie Forward – Supporting People Manager

John Lennon – Chief Officer, Access and Inclusion

Kwai Mo – Manager Mental Health

Paul Mason – Provider Services, Access and Inclusion

Ruth Steinberg – Strategy and Performance

Julie Strickland – Community Alternatives Team

Kath Tebbutt – Service User Involvement Facilitator

Gil Threadgold – Community Alternatives Team

NHS Leeds

Linda Boyles - Arts and Minds

Carole Cochrane – Director of Development and Commisioning for Priority Groups

Catherine Ward

Jane Williams – Strategic Development Manager

Jane Wood- Strategic Development Manager

Volition

Gil Crawshaw

Pip Goff



Dates of Scrutiny

Session 1 - October 2009

- Integrated services – What does the Council provide with its partners and which defined services is the Council solely responsible for. What combination of initiatives, relationships and measures are in place to deliver services across sectors?
- Performance information.

Session 2 – November 2009

- Commissioning and Care Provision:
How do we prevent individuals discharged from hospital falling between services or getting lost in the system? What do we do to ensure care pathways are in place to facilitate care after discharge from hospital? How much choice and control is available to individuals or their representatives.
- The different types and scope of services provided by Voluntary Community and Faith Sectors, Private Sector, The NHS and the Council and how these compare in terms of quality and value for money. Identification of levels of need and capacity, potential duplication or an element of the service that is missing in the City.

Session 3 – December 2009

- Recovery Model - How do we reduce the negative outcomes such as relapse, demoralisation, disengagement, homelessness, worklessness, violent behaviour, re – hospitalisation? How do we stop people from being vulnerable to social exclusion and stigma? How do we reduce risk for carers (who may be LCC employees) and families?

Time to Change and Arts and Minds

Session 4 – January 2010

- Department of Health - New Horizons, Towards a shared vision for mental health.
- Current and planned service changes (directed nationally or locally) and how this will impact on service provision.

Scrutiny Board (Adult Social Care)
Supporting Working Age Adults with Severe and Enduring Mental Health Problems
23rd June 2010
Report author: Sandra Newbould



www.scrutiny.unit@leeds.gov.uk

Combining Health and Housing for Recovery:

Joint Protocol between Leeds City Council and Leeds Partnerships NHS Foundation Trust to provide housing options and housing related support to people in mental health inpatient settings

Developed in collaboration with NHS Leeds, Volition and housing related support services.

June 2010



“Inpatient services should have clear working arrangements with local accommodation providers and community organisations to help keep service users connected to their social networks which will promote recovery.”

A Positive Outlook.
Care Services Improvement Partnership 2007. (1)

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1. Introduction

The relationship between housing and mental wellbeing is well documented. In many instances poor housing will be a contributory factor to mental ill health, in others mental ill health will affect an individual's ability to acquire and manage their housing effectively.

Improved access to settled accommodation for individuals with mental health problems is also a key government priority (2,3) and according to the Department of Health and Care Services Improvement Partnership report on homelessness and mental health in 2008 (4) this includes ensuring the existence of hospital admission and discharge policies to ensure that no one is discharged to the streets or other unsatisfactory accommodation.

Between 30-40% of people admitted into acute mental health inpatient services in Leeds Partnerships NHS Foundation Trust have a housing need in addition to their mental health problems (5).

2. Who is this protocol for?

The arrangements set out in this protocol are to assist those people admitted to mental health inpatient services who either do not have any accommodation which they can return to, or have accommodation which they can only return to once additional housing assistance and support have been put in place. It has been developed and agreed jointly by Leeds Partnerships NHS Foundation Trust and Leeds City Council Housing Services with the support of NHS Leeds, Volition (the infrastructure organisation which supports and represents voluntary sector providers of mental health services in Leeds) and the housing related support sector. It is intended as a guide for staff working in these services and a separate information leaflet for service users will be developed. The protocol will be reviewed after 6 months.

3. Aim of the protocol

The aim is to ensure timely access to a range of housing options for people admitted to mental health inpatient services so that a suitable housing outcome can be secured on discharge. This will be achieved by effective joint working between health and housing professionals. The outcomes will be:

- better housing outcomes for service users.
- earlier identification and assessment of housing need (on admission rather than discharge) and timely advice and assistance with housing options.
- effective joint working between ward staff, housing options staff, the Care Programme Approach (CPA) co-ordinator and housing related support providers.
- reduced number of delayed discharges caused by housing related issues.
- improved access to commissioned housing related support services.
- integration of housing options and housing related support into the Care Programme Approach (CPA) and discharge planning process.

4. Working in Partnership

The Care Programme Approach (CPA)

The term Care Programme Approach (CPA) describes the approach used in secondary mental health care to assess, plan, review and coordinate the range of treatment, care and support for individuals with complex mental health needs. The service user and their carer(s) are central to CPA with a focus on collaborative work with all other agencies involved.

Care planning includes referral to appropriate agencies in preparation for discharge to the community. A review is where all involved in the individual's care convene to confirm plans following discharge. If the service user does not already have a CPA care co-ordinator then a referral for allocation is made within two days of admission. There is a statutory requirement to ensure that arrangements have been made for patients discharged from hospital to return to suitable accommodation.

The CPA is central to the process outlined in this document for planning and co-ordinating the discharge of inpatients with a housing need.

4.2 Key partners and their roles

There are a number of professionals from different agencies who are responsible for working in collaboration as part of the CPA process to assess, plan and deliver housing related support. These roles are listed below with a brief summary of their role in the pathway.

The CPA Co-ordinator

CPA co-ordinators are usually clinical staff from the Community Mental Health service of Leeds Partnerships NHS Foundation Trust. For example nurses, community occupational therapists or social workers. In some circumstances other community workers from the voluntary or social care sectors take on this role. CPA co-ordinators should be allocated within two days of referral from the inpatient service. For more information about the role of the CPA co-ordinator please refer to the city wide care programme approach policy (April 2010). (6)

The CPA co-ordinator manages the care of vulnerable people with complex mental health problems in partnership with the service user and their carer(s). The CPA co-ordinator takes the lead role in discharge planning and helps guide service users into appropriate health and social care services.

The Inpatient Ward Team

While the service user is an inpatient with Leeds Partnerships NHS Foundation Trust they will have a ward based care team responsible for their day to day care and treatment. This team works closely with the CPA co-ordinator to ensure plans are in place for discharge. The ward team includes:

- **Primary Worker:** This role can be taken by either a ward based nurse or Occupational Therapist. Primary and associate workers are assigned to each service user on admission. They are responsible for co-ordinating the service user's care on the ward, monitoring progress and communicating with the wider care team (including the CPA Co-ordinator). The primary worker is the member of staff on the ward who will know the service user best and have the most in-depth knowledge of their care.
- **Occupational Therapist (OT):** OTs assess the occupational functioning of all service users on admission. OT assessments can inform discharge planning by identifying what level of support a person may require when they leave hospital. This might include assistance with cooking and budgeting, more intensive support due to low motivation, or adaptations required due to their physical health needs. Occupational Therapists can also help to identify the type of physical environment that would best suit an individual's needs and work with housing support services to plan this.

- **Consultant Psychiatrist:** Responsible for all aspects of the medical care of the service user and, where a person is detained under the Mental Health Act, the Consultant will also act as the Responsible Clinician. The Consultant is responsible for deciding that a person is clinically fit for discharge and, together with the ward team, advises on the level of support an individual may require on discharge as a result of their mental health needs.

Leeds Housing Options Service

Leeds Housing Options is the principal local authority service offering housing advice to people who are homeless, threatened with homelessness or in some form of housing need. The service is geared towards helping prevent homelessness, wherever possible, by offering people a range of housing options to address their needs.

Leeds Housing Options will visit service users whilst they are in hospital. A Personal Housing Plan will be completed and the officer will discuss the range of housing options available to address their housing need. This will identify whether the service user can return to their previous accommodation or whether they will need to make a planned move to alternative accommodation. Where appropriate a priority award will be made to the service user's housing application.

The service can also assist service users to obtain a good quality Assured Shorthold Tenancy with an accredited landlord, and where necessary paying or guaranteeing the bond needed to secure the tenancy. The service can also access funds which can be used in a variety of ways to achieve a homelessness prevention outcome / planned move for those being discharged from hospital. Examples include arranging and paying for a property to be cleaned to enable an individual to return; covering the cost of a bond for an AST; paying for a flight to enable an individual to return to their country of origin; or buying furniture to allow a timely move out of hospital.

Commissioned housing related support services (formerly called Supporting People Services):

Leeds City Council commissions housing related support services for people with mental health problems. These are provided by a range of voluntary and statutory sector organisations and consist of a variety of service models:

- Step down hostels / transitional housing units with on site 24/7 staffing. These are jointly commissioned with NHS Leeds and provide a therapeutic environment for individuals with more complex needs. They provide a transition towards living independently in the community and individuals can remain in these services for 6-8 months.
- A variety of small group homes / shared living arrangements with staff either on site during week days or visiting. Some services have staff cover at weekends and evenings and on call cover at night. These services provide more sheltered living environments, although service users will need to be able to manage in a shared living environment.

- Self-contained supported accommodation with a range of on site or visiting support.
- Floating support services which support people in a variety of settings including in their own homes.

The aim of housing related support is to enable service users to make a planned move from hospital in order to achieve and sustain an independent living outcome. The housing support service can support service users with the following:

- assistance in securing accommodation whilst they are in hospital
- assistance with claiming and maximising income through benefits
- provision of information on community facilities and services available to service users once they leave inpatient services
- liaison with other agencies in relation to the service user's welfare to ensure that they receive the services necessary to maintain them in their accommodation
- assistance with overcoming social isolation and developing social networks
- advice and guidance on how to manage in independent accommodation, including budgeting, cooking, diet and management of the property
- mediation in disputes between the service user and their neighbours
- advice and assistance in relation to organising repairs or improvements to their home (property or contents).

Once a housing support service has accepted a referral they will take the housing lead within the CPA process.

4.3 Information sharing between agencies

Achieving the most appropriate housing solution on discharge involves a significant amount of information sharing across a diverse range of agencies and individuals. This information needs to be shared appropriately and all agencies signed up to this protocol agree that:

- All information will be held in strict accordance with the Data Protection Act 1998 and other relevant information sharing legislation.
- Information will not be used for any purposes other than those explained to service users and will not be disclosed to any person who is not entitled to have such information or who does not intend to use it in the best interests of the service user.
- Service users will be asked to give their consent to information about them being shared and a record will be kept. The service user's consent can up to three forms, in accordance with the individual's housing needs:

- The ward staff will seek consent to share information and make a referral to Leeds Housing Options (see flowchart on page 9).
- The service user will be asked to give their written consent to information being requested, stored and shared about their housing needs by the Leeds Housing Options service as part of the completion of the Personal Housing Plan (see flowchart on page 9) This will include consent to share information with other housing providers and supported housing services.

- Where a referral is made to housing related support services, the service user will be asked to give their written consent to the gathering of information from other sources which may be required to process the referral and for information to be shared
- Ideally relevant information about risks should only be shared with the service user's consent as outlined above. This information should not be used to exclude someone from a service but to allow the service to work constructively with the individual to manage the risks through an agreed housing support plan.
- Where the service user does not consent to information about risk being shared but still wishes to take up housing related support the care team must decide on a case by case basis if it they should breach that individual's confidentiality in the interest of safety. The NHS Code of Practice for confidentiality states that:

“...staff are permitted to disclose information in order to prevent and support detection, investigation and punishment of serious crime and/or to prevent abuse or serious harm to others where they judge on a case by case basis that the public good that would be achieved by the disclosure outweighs both the obligation of confidentiality to the individual patient concerned and the broader public interest in the provision of a confidential service.” (7)

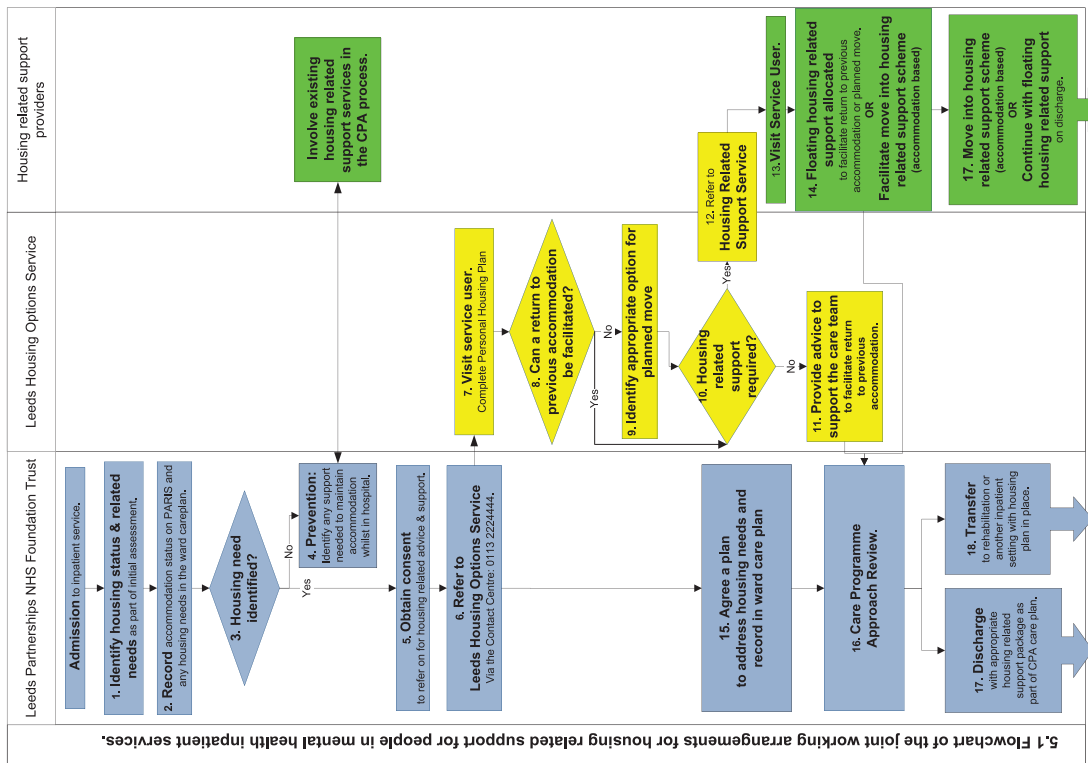
Situations where this type of decision will need to be considered include those where an individual poses a risk to themselves or others (including staff and members of the wider community).

4.4 Support and advice for staff delivering the protocol

Leeds Partnerships NHS Foundation Trust, Leeds City Council (Housing Strategies and Solutions) and Volition have identified a lead individual within each organisation who will be available for staff to flag up any issues regarding the implementation of this protocol or to contact for advice. This information will also help with reviewing the protocol. The contact details for these people are in the appendix.

5. Joint Working Arrangements

5.2 Table of steps describing the joint working arrangements for provision of housing related support for people in mental health inpatient settings



Flow chart ref	What?	How?	Who?	When?
1	Identify housing status and any housing related support needs.	<p>The following information should be collected as part of the initial assessment process on the ward:</p> <ul style="list-style-type: none"> Does the service user have accommodation? If yes, are they: owner occupier; council tenant; housing association tenant; private tenant; staying with friends or family; living in supported housing or a hostel? Is the service user already in receipt of a housing related support service, if so which one? Who do they live with? Are they in receipt of a housing related support service e.g. Housing Support Worker? Are there any other issues related to their accommodation that impact on the individual's mental health such as the security of the accommodation; issues with neighbours; arrears or the state of the property? Can they return? Are they in receipt of housing benefit? Has the service user been homeless or sleeping rough prior to admission? <p>It may be that the service user is not well enough to provide some of this information or it may be a very complex situation, therefore it is important for ward staff to make contact with the service users community support including existing housing support workers/ hostel staff to investigate their accommodation situation and identify any housing needs as soon as possible.</p> <p>The outcome of the above assessment should be recorded in the following places:</p> <ul style="list-style-type: none"> On the PARS IT system under 'tenure' In the ward care plan * Where there are housing issues, this is the information that will be shared with the individuals consent (see step 5) with Leeds Housing Options to inform the housing assessment. 	Ward staff (Primary worker and / or OT).	Within the first 2 days of admission.
2	Record accommodation status on PARS and any housing needs in the ward care plan*	<p>The outcome of the above assessment should be recorded in the following places:</p> <ul style="list-style-type: none"> On the PARS IT system under 'tenure' In the ward care plan * Where there are housing issues, this is the information that will be shared with the individuals consent (see step 5) with Leeds Housing Options to inform the housing assessment. 	Ward staff.	As soon as identified.

Flow chart ref	What?	How?	Who?	When?
3	Does the service user have any housing related needs? <ul style="list-style-type: none"> Are they homeless, staying in insecure accommodation or sleeping rough? Are they at risk of losing their tenancy/ current accommodation whilst in hospital? Are they unable to return to their existing accommodation? <p>This could be due to a range of factors including the physical condition of the property; relationship breakdown; harassment or violence; they are being evicted or there are other problems such as anti-social behaviour.</p> <ul style="list-style-type: none"> Are they able to return to their accommodation if they were in receipt of a package of housing related support? <p>If yes and housing related needs are identified, the ward staff should refer the service user consent to Leeds Housing Options service (steps 5 & 6). If unsure the ward staff can seek advice and discuss the case with Housing Options Officers before the decision whether to refer is made.</p> <p>If no the focus should be on preventing loss of existing accommodation (step 4).</p>	Using the information collected identify any potential housing related needs with the service user. Examples include: <ul style="list-style-type: none"> Are they homeless, staying in insecure accommodation or sleeping rough? Are they at risk of losing their tenancy/ current accommodation whilst in hospital? Are they unable to return to their existing accommodation? <p>This could be due to a range of factors including the physical condition of the property; relationship breakdown; harassment or violence; they are being evicted or there are other problems such as anti-social behaviour.</p> <ul style="list-style-type: none"> Are they able to return to their accommodation if they were in receipt of a package of housing related support? <p>If yes and housing related needs are identified, the ward staff should refer the service user consent to Leeds Housing Options service (steps 5 & 6). If unsure the ward staff can seek advice and discuss the case with Housing Options Officers before the decision whether to refer is made.</p> <p>If no the focus should be on preventing loss of existing accommodation (step 4).</p>	Primary Working team.	As part of the initial assessment.
4	Prevention: Identify any support needed to maintain accommodation whilst in hospital.	If the support needed to maintain the service user's existing accommodation is relatively simple, for instance arranging for housing benefit to cover the rent whilst the service user is in hospital or advising the landlord, this can be done by the ward staff or the CPA co-ordinator. Some service users may already be in receipt of housing related support (either floating or accommodation based) and it is important that the CPA co-ordinator and ward team liaise with the housing support providers throughout the admission to prevent loss of accommodation and ensure appropriate support on discharge. If there is a risk that the service user may lose their accommodation whilst they are in hospital or there are complex issues related to their housing the ward staff can with the individual's consent refer them to Leeds Housing Options service (steps 5 and 6). If unsure the ward staff can seek advice and discuss the case with Housing Options Officers before the decision whether to refer is made. Any actions agreed to prevent loss of accommodation should be recorded in the care plan (and reviewed via the CPA process).	Ward based Primary Worker with the CPA co-ordinator and any relevant housing related support workers.	Following initial assessment and throughout admission.
5	Obtain consent for referral to Housing Options.	Ward staff should discuss with the service user the reasons why a referral to Leeds Housing Options would be beneficial and explain what information will be shared. This will then be recorded in the clinical notes. Where the service user does not consent to information about risk being shared but still wishes to take up housing related support the care team must decide on a case by case basis what information should be shared in the interests of safety as described in the information sharing section of this protocol.	Ward based Primary Worker (or another member of primary working team).	On completion of initial assessment.

Flow chart ref	What?	How?	Who?	When?
6	Refer to Housing Service.	A referral can be made to the Leeds Housing Service on 0113 2476383. The ward staff should provide the Housing Services with basic background information about the individual's circumstances and details of housing issues identified to date. This can either be faxed to Leeds Housing Service or given in person when the Housing Officer visits the ward. The CPA co-ordinator should also be kept informed of the referral by the ward staff.	Ward based Primary Worker (or another member of primary working team).	As soon as need identified.
7	Assess service user.	The Housing Options Officer will complete a housing assessment with the individual. This will usually involve meeting with the service user in the inpatient setting and may be in conjunction with ward staff and CPA coordinator where this is deemed appropriate. Detailed information will be gathered about the individual's housing situation and areas where they require assistance and a Personal Housing Plan (PHP) will be completed. The outcome of this visit will be fed back to the ward team and the CPA co-ordinator in order to agree a plan for addressing the individual's housing needs (Step 14).	Housing Options Officer.	Within 5 days of referral being received.
8	Can a return to previous accommodation be facilitated?	The Housing Options Officer will ascertain whether it is feasible for the individual to return to their previous accommodation. This may be achieved in a variety of ways e.g.: <ul style="list-style-type: none"> By negotiating with a landlord Arranging repairs Giving advice on (re)possession action Arranging for Housing Benefit to cover the rent during the period in hospital Assessing the prevention fund to pay for a deep clean or assisting with payment of arrears Arranging for an individual to receive a package of housing related support to assist with the practicalities of managing their housing Advice and assistance will be provided around the options described above and discussion will take place about what action can be taken to facilitate return. If it is possible to facilitate a return to previous accommodation, the service user will be encouraged to take up a floating housing related support service and Housing Options will make referral (see step 12). On acceptance of the referral, the housing related support services will engage with the individual to address any outstanding housing issues and facilitate their return home as part of CPA and the Housing Options Officer will close the case. If the service user does not require or does not wish to receive housing related support the Housing Options Officer will continue to provide housing related advice or support (see step 11).	Housing Options Officer.	On completion of the PHP.

Flow chart ref	What?	How?	Who?	When?
9	Identify appropriate option for planned move.	<p>If it is not possible to facilitate a return to their previous accommodation or the service user has no accommodation, the Housing Options Officer will discuss the range of housing options available to identify an appropriate housing solution on leaving hospital. Options for a planned move may include one or more of the following:</p> <ul style="list-style-type: none"> • A move into a short or medium term accommodation based supported housing service such as a group home or transitional housing unit • A private sector tenancy arranged through the private sector lettings scheme managed by Leeds Housing Options • Private tenancy identified by the individual and / or housing support service • Accessing the prevention fund to secure a bond to assist take up of private rented accommodation • Accessing the prevention fund to meet the travel costs where the service user does not have recourse to public funds and wishes to return to their country of origin. • In some instances the individual may prefer to make interim arrangements to stay with family or friends until longer term housing is secured • Floating housing support can be provided to anyone moving into independent accommodation even where they move into a group home or hostel in the first instance • Housing Options will complete an assessment and make a housing need priority award as appropriate to each case. 	Housing Options Officer.	
10	Housing related support required?	<p>The Housing Options Officer will discuss the options and benefits of taking up a housing related support service with the service user and make the referral (see step 12).</p> <p>The Housing Options Officer will advise the CPA co-ordinator of the options looked at and outcome. Once the housing related support package is in place, the Housing Options Officer will close the case.</p>	Housing Options Officer.	
11	If housing related support not required Provide advice to support CPA Co-ordinator and care team to facilitate return to previous accommodation.	<p>On the rare occasion that the housing option identified means the individual does not require housing related support or if they do not wish to be referred to such a service, the Housing Options Officer will remain involved. They will liaise with the individual, the ward team and the CPA co-ordinator and provide advice and signposting to other services in order to facilitate a planned move on discharge from hospital.</p>	Housing Options Officer.	If required this will be available until discharge.

Flow chart ref	What?	How?	Who?	When?
12	Referral to a housing related support service.	<p>A completed Personal Housing Plan will be used as the referral form. This will include all the background information and the service users signed consent.</p> <p>As part of the referral the Housing Options Officer will request a copy of the service user's most recent FACE risk assessment and management plan from the ward team.</p> <p>The most appropriate service will be identified based on the individual's need, preference and capacity within housing related support services. The Housing Options Service will have access to information about vacancies in housing related support services to facilitate the allocation of referrals.</p>	Housing Options Officer.	Within 5 working days of Housing Options interview.
13	Visit service user.	<p>The housing related support service (either floating or accommodation based) receiving the referral will arrange to visit the individual and will advise Housing Options, the ward team and the individual of the outcome. The purpose of this assessment is to gather more detail about how the housing related support service might support the service user and to provide information about the service to the individual.</p> <p>If following this visit it is identified that the service is not able to meet the service users needs, another appropriate Housing Related Support service will be identified and the assessment information will be shared to avoid duplication.</p>	Housing Related Support Service.	Within 5 working days of receiving the referral.
14	Floating support allocated to facilitate return to previous accommodation or planned move Or Facilitate move into housing related support (based) on discharge.	<p>Once an individual has been accepted for a housing related support service (floating or accommodation based), a housing worker will case manage any outstanding housing issues in conjunction with the CPA Co-ordinator</p> <ul style="list-style-type: none"> • The housing support worker will agree a move on plan with the service user and CPA co-ordinator. This will be reviewed after discharge when the service user is living in the community. • The housing support worker will attend CPA review meetings and keep the CPA Co-ordinator apprised of any housing issues. 	Housing Support Worker from housing related support service.	For remainder of admission.
15	Agree a plan to address housing needs and record in ward care plan.	<p>Once the Housing Options Officer has visited the service user the care team should agree a plan to address housing needs in collaboration with the service user.</p> <p>The ward care plans have a space in which housing related / accommodation needs should be recorded along with the plan to address them.</p>	Primary Worker.	As soon as possible.

6. References:

- (1) A Positive Outlook: A Good Practice Toolkit to improve discharge from inpatient mental health care. Care Services Improvement Partnership and National Institute for Mental Health England. 2007.
- (2) PSA16. Public Service Agreement to increase the proportion of people from the four most excluded groups of adults (including people in contact with secondary MH Services) in settled accommodation and employment, education or training. HM Government Oct 2007.
- (3) Joint guidelines on the Hospital Admission and Discharge: People who are homeless or living in temporary or insecure accommodation. Department of Health and Communities and Local Government. 2006.
- (4) Understanding Homelessness and Mental Health. Housing Learning and Improvement Network Care Services Improvement Partnership and Department of Health 2008.
- (5) Accommodation Pathway (Hospital Discharge) Project Report. Leeds PFT, Leeds City Council, Volition and NHS Leeds. April 2009.
- (6) City Wide Care Programme Approach Policy. LeedsPFT, Leeds City Council and Volition. April 2010.
- (7) Information Sharing and Mental Health: Guidance to support Information Sharing by Mental Health Services. Department of Health. August 2009.



Flow chart ref	What?	How?	Who?	When?
16	Care Programme Approach Review.	In addition to regular ward review meetings each service user should have at least one Care Programme Approach (CPA) Review meeting. As part of this an initial discharge plan should be agreed. Even if the service user is not well enough for discharge at this point there are things that can be put in place early on to prepare for discharge and reduce delays later on. The CPA Co-ordinator should take the lead in discharge planning by co-ordinating effective communication and delivery of support by all agencies involved. Once a housing related support worker or service has been allocated an initial discharge plan should be agreed. They should, with the service user's consent, be included in all CPA review meetings. The Housing Support workers will then work with the service user, CPA Co-ordinator, ward staff and carers to carry out the necessary tasks to prepare for discharge (see step 14 and 17).	CPA Co-ordinator.	At a minimum prior to discharge.
17	Discharge Continue with floating housing related support Or Move into housing related support scheme.	The CPA Co-ordinator is responsible for follow up and ongoing support once an individual is discharged and the CPA process will continue to review and monitor the support package agreed. Housing Support Workers will also continue to support the service user in the community.	CPA Co-ordinator and housing related support worker.	Package should be ready prior to this and not delay discharge.
18	Transfer.	On occasions a service user may be transferred to another inpatient service. For example Rehabilitation & Recovery units. This will be because of their clinical needs and should not be considered a housing solution. Instead any housing related assessments or support plans that have commenced while in acute inpatient care should follow the service user and continue while they are in that service. This should prevent delays later on as a result of housing needs. If a service user develops housing related needs while they are in another inpatient service (e.g. Rehabilitation & Recovery) the flowchart on page 12 should be followed to initiate an assessment by Housing Options.	Primary worker and, where involved, Housing Options Officer or housing related support workers.	

7. Appendix:

Key Contacts:




1. **Leeds Partnerships NHS Foundation Trust:**

Capacity Manager (Teresa Jack):

-  The Becklin Centre, Alma St, Leeds, LS8 9BE
-  Teresa.Jack@leedsnhs.uk
-  0113 3056654 / 07985 859 823




2. **Leeds City Council:**

Supporting People Manager (Debbie Forward):

-  Housing Strategies and Solutions, Merrion House, The Merrion Centre, Leeds.
-  debbie.forward@leeds.gov.uk
-  0113 247 6752

3. **Volition:**

Volition Manager (Pip Goff)

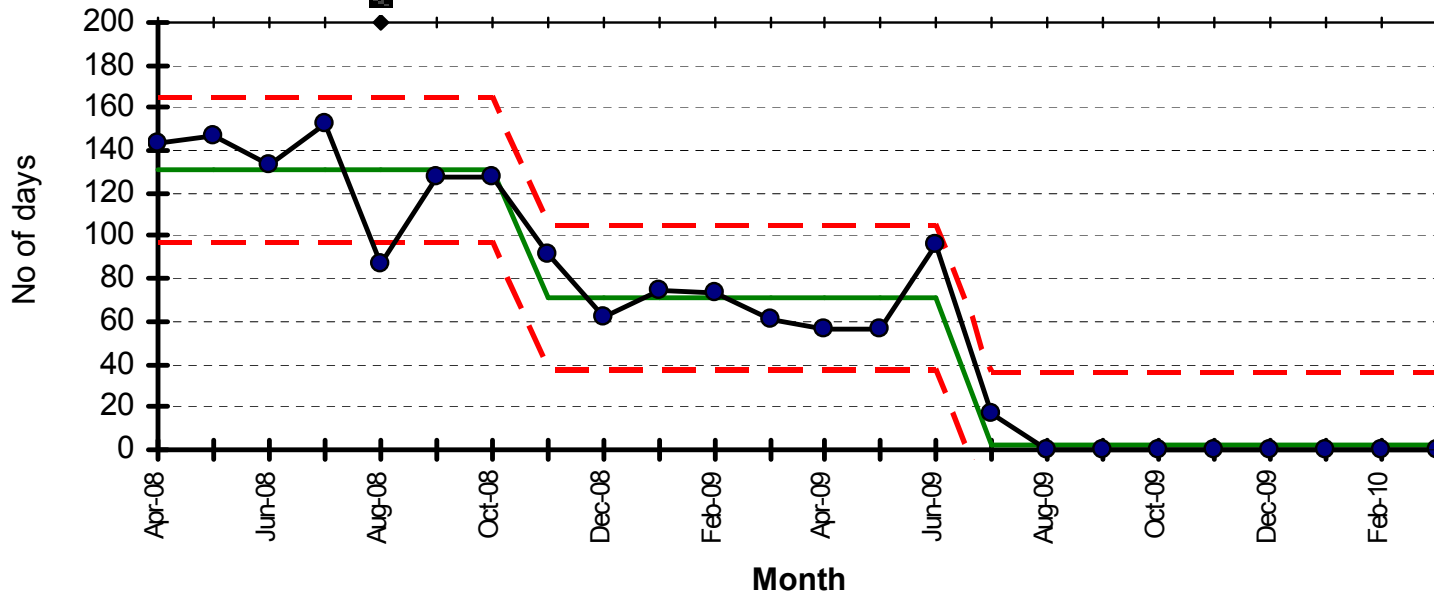
-  Volition, 26 St Michael's Rd, Headingley.
-  pip.goff@volition.org.uk
-  0113 274 9585



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