



## One Council Overview and Scrutiny Committee (Special)

**Thursday 2 May 2013 at 7.30 pm**

Committee Room 4, Brent Town Hall, Forty Lane,  
Wembley, HA9 9HD

### Membership:

#### Members

Councillors:

Ashraf (Chair)  
Colwill (Vice-Chair)  
Chohan  
Lorber  
McLennan  
Mitchell Murray  
Pavey  
Ketan Sheth

#### first alternates

Councillors:

Brown  
BM Patel  
Hossain  
Brown  
Harrison  
Denselow  
Van Kalwala  
Kabir

#### second alternates

Councillors:

Beck  
Kansagra  
Allie  
Hopkins  
Hector  
Gladbaum  
Mashari  
Allie

**For further information contact:** Toby Howes, Senior Democratic Services Officer  
020 8937 1307, [toby.howes@brent.gov.uk](mailto:toby.howes@brent.gov.uk)

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**The press and public are welcome to attend this meeting**

# Agenda

Introductions, if appropriate.

Apologies for absence and clarification of alternate members

Item	Page
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<b>1</b>	<b>Declarations of personal and prejudicial interests</b>	
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Members are invited to declare at this stage of the meeting any relevant financial or other interest in the items on the agenda.

<b>2</b>	<b>Deputations (if any)</b>	
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<b>3</b>	<b>Mental Health and Adult Social Care performance</b>	1 - 12
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At the last meeting of the One Council Overview and Scrutiny Committee on 21 March 2013, members requested that a special meeting of the committee be arranged to consider and question lead officers on the following issues:-

- Further information on Mental Health Services and in particular an explanation as to why performance remained red in this area and what was being done to address this.
- Further details concerning Adult Social Services, specifically in relation to details of the strategy on re-assessment of clients and the number of clients moving to direct payments.

A briefing note and the report that went to the Executive on 22 April 2013 on authority for procurement of community based mental health support are attached for information.

<b>4</b>	<b>Date of next meeting</b>	
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The date of the next meeting of the One Council Overview and Scrutiny Committee will be agreed at the Annual Council meeting in May.



Please remember to **SWITCH OFF** your mobile phone during the meeting.

- The meeting room is accessible by lift and seats will be provided for members of the public.
- Toilets are available on the second floor.
- Catering facilities can be found on the first floor near the Paul Daisley Hall.
- A public telephone is located in the foyer on the ground floor, opposite the Porters' Lodge

	<p><b>One Council Overview and Scrutiny Committee</b></p> <p><b>2 May 2013</b></p> <p><b>Report from the Director of Adult Social Services</b></p>
<p><b>Adult Social Care Performance Statistics - Quarter 3 2012-13</b></p>	

## Background

This briefing is in response to a request made by Cllr. Colwill and Cllr. McLennan following the One Council Overview and Scrutiny Committee meeting of 22<sup>nd</sup> March 2013. They requested a meeting with Adult Social Care to discuss poor performance statistics contained in the Performance and Finance Review Report for quarter 3 2012/13.

## NI 130 Social Care clients receiving self-directed support

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
53.48%	40.0%	49%		Cumulative

Upon further investigation it appears that the Council has not been interpreting the definition of this indicator correctly. These percentages measure the proportion of adult social care clients *who currently receive direct payments only*.

However the indicator guidelines confirm it is designed to measure all those who receive self-directed support to fund services. Self-Directed Support is defined as those who choose to make their own arrangements and fund their care through a personal budget or pay for services directly via direct payments. *It also measures those who choose to have Council-managed services (i.e. they do not want independence).*

For some time now it has been the Council's policy to offer Self-Directed Support as a matter of routine to those who qualify for services. Therefore 100% of those who are eligible to receive services are offered Self-Directed

Support. The indicator will therefore be adjusted from quarter 1 2013/14 to reflect this and the target will also be set at 100% to reflect operational practice. In addition we will use the historical data to monitor the proportion who choose to be independent and take responsibility for managing their own payment entitlements (either via direct payment or personal budget) and those who do not.

### NI 132 Timeliness of Social Care assessments (Mental Health only)

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
75.51%	51%	70%		Cumulative

### NI 133 Timeliness of Social Care packages following assessment (Mental health only)

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
100%	100%	95%		Cumulative

We have recently conducted a comprehensive review of Brent Mental Health Service. The findings reveal a number of deficiencies in relation to data quality and workflow processes. The report also revealed the challenges faced by the service in arranging and completing timely assessments e.g.

- The chaotic lifestyles of many clients make it very difficult to make contact and even when this is made it can be a struggle for them to organise themselves to attend.
- There is a high volume of cases where appointments are set up and clients do not attend without notice or explanation.

The above figures confirm there are clear difficulties in setting up and completing assessments, but once they are complete we perform very well in terms of putting the care packages in place within designated timescales.

The present situation is further exacerbated by the fact that last year on average there were approx. 50 referrals per month compared to this year's average 150. CNWL are currently investigating the significant increase in GP referrals and will advise us in due course.

As a result of the review, we have recommended that the Council should begin a process of competitive dialogue with 'any willing provider' in an effort to redesign the service to make it more efficient and effective. The report is due to be discussed at Executive on 22<sup>nd</sup> April 2013 and the outcome will be known shortly.

**NI 135 Percentage of carers receiving needs assessment or review and a carer's service.**

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
29%	12%	23%		Cumulative

We have consistently had difficulty recording carers up to now. This is due to:

- Poor working practice in that social workers have traditionally focused more on the presenting needs of the service user.
- The process for recording carers on Frameworki in a systematic way is not as robust as it could be.
- Some Carers do not identify themselves as Carers and as such tend to refuse assessment on the basis that they do not see it as being relevant.

We also have difficulties with the way the indicator is designed and how it attempts to measure. It calculates on a cumulative basis, and as such is not an accurate reflection of the precise number of assessments in place. It also requires us to conduct annual assessments, which is not practical, desirable or affordable for the department. This is because it conducts a fresh count each year and is based on the assumption that 100% of carers will require and have a revised assessment of their needs and services. This is both impractical because we do not have the resources to carry out annual reviews, and undesirable because the majority of carers' needs do not change annually.

We have put together a variety of initiatives to improve the support we give to carers. We have recently set up a Carer's Hub which provides a 'one stop' service for carers. This service offers advice, signposting and practical help to carers. We are in the process of improving our workflow processes to help make the identification and recording of Carers easier and ensure that 100% of identified carers are offered an assessment going forward. We are also poised to set up an online forum which will potentially enable Carers to network and offer peer support.

**Local quarterly number of delayed hospital discharges.**

2011-12 end of year	2012-13 year to date	2012-13 target	Alert	Definition
33	13	6		Cumulative

This indicator is cumulative through the year. The 'spike' in the quarter 3 figure is largely attributed to systemic pressure resulting from the U.K. having experienced the coldest winter for 50 years. Historical performance trends show that discharges for the third quarter always show a seasonal increase. Overall the figure is comparable to 2011/12 and is only showing status 'red'

because we set such an ambitious target for ourselves for 2012/13. This will need to be reviewed next year in light of this year's performance.

In the wider context, the other influencing factor is Continuing Health Care, which is PCT funded. Brent currently has the third lowest level of CHC funding in London, which directly correlates with the high level of local hospital admissions and attendant discharges. In an effort to address the underlying structural deficiency therefore, the Council is currently in the process of undertaking a Judicial Review of local CHC funding.

### **Transitions Overspend**

<b>Projected ASC Budget Position at quarter 3 2012/13</b>				
<b>Service</b>	<b>2011/12 Out-turn £000,</b>	<b>2012/13 Budget £000,</b>	<b>2012/13 Forecast £000,</b>	<b>2012/13 (Under)/Over Spend £000,</b>
Transitions	0	5,513	6,149	636

The projected overspend for the department at quarter 3 2012/13 relates to the cumulative shortfall in funding for the Transitions Service covering the last two financial years. The attendant costs for running this service were not properly calculated when it transferred from the Children and Families department. As such, we inherited a 'legacy overspend' in this area and have been working hard to absorb it ever since through one off funding streams and a range of wider departmental initiatives including delivering underspends in other service areas. This shortfall has been addressed within the Medium Term Financial Strategy for 2013/14 and therefore will not be an issue going forward. At this juncture the department is on track to deliver a balanced budget for 2012/13.

**Director of Adult Social Care  
Phil Porter**

**Contact Officers  
Mary Stein, Head of Transformation ASC  
Elizabeth Jones, Assistant Director of Finance ASC**

Encl. Mental Health Review Report 2012/13



**Executive**  
22 April 2013

**Report from the Director of  
Adult Social Services**

Wards Affected:  
ALL

**Authority for procurement of community based mental  
health support**

**Appendix 1 NOT FOR PUBLICATION**

**1.0 Summary**

- 1.1 This report requests authority for officers to progress with the development of a competitive dialogue process for the re-provision of local mental health services subject to the outcome of community consultation and appropriate market research and testing.

**2.0 Recommendations**

- 2.1 That the Executive notes the findings of the Brent Mental Health Services Review.
- 2.2. That the Executive authorises Officers to advance communication with the Clinical Commissioning Group (CCG) and other sub-regional partners as set out in paragraph 3.11 and 3.12.
- 2.3 That the Executive grants an exemption to the usual tendering requirements of Contract Standing Orders to allow the following of a competitive dialogue process for the good operational reasons set out in the report.
- 2.4 That the Executive authorises officers to place an advert asking for potential providers to express interest in participating in a competitive dialogue as set out in paragraph 3.16.

- 2.5. That the Executive authorises officers to carry out service user and community consultations, market research and determine the market readiness for the use of a tender in the form a competitive dialogue, as the first stage in the competitive dialogue process, as set out in paragraph 3.16
- 2.6. That the Executive agrees the timetable set out in paragraph 3.17.
- 2.7 That the Executive note that a further report will be presented in July 2013 for the purpose of approving the pre-tender considerations as required by Contract Standing Orders, including a final recommendation that a competitive dialogue route will proceed where a favourable response arises from the expression of interest.

### **3.0 Background**

#### ***Adult Mental Health Services Review***

- 3.1 The Council spent £6.989m in 2011/12 on adult mental health services provided by Central and North West London NHS Foundation Trust (CNWL). These services have not previously been subjected to a competitive tendering exercise. The service is complex and comprises of a number of different functions including assessment, brief treatment, care co-ordination, early intervention, assertive outreach, acute, community, and residential care for people with mental health conditions. These functions are further detailed in Section 4 of the Review. The service forms a critical element of the Council's approach to fulfilling its duties under the Community Care Act and the Mental Health Act.
- 3.2 In February 2011 a new national mental health strategy was launched 'No Health without Mental Health'. The strategy draws on the wider principles that the Government has laid down for its health and social care reforms, including patient-centred care, more integrated health and social care services, locally determined priorities and service delivery. At a national level, the strategy sets out Government's high level objectives for improving the mental health and well-being of the population (summarised in Section 1 of the Review).
- 3.4 The Director of Adult Social Services commissioned a review of the Brent Mental Health Service to explore the degree to which existing services are equipped to respond to national priorities, and to investigate a number of on-going concerns related to the quality of services provided and the extent to which the Council's investment in this service area is delivering value for money within a limited resource.

- 3.5 Through the process of conducting the review, it has become apparent to Council officers that there are a number of issues related to the way in which the service is modelled and delivered which need to be addressed, including the degree to which the service has become medicalised, process-oriented, and insufficiently focused on individual outcomes. There is also a need to improve the service's approach to covering the Approved Mental Health Professional (AMHP) function, which is responsible for determining whether or not an individual may be deprived of their liberty under the Mental Health Act. Detailed recommendations for service improvement are outlined in the executive summary of the review.
- 3.6 In line with national strategy and best practice guidance, Council officers wish to place recovery at the heart of local mental health services, increase the degree to which they are preventative and oriented towards the achievement of social outcomes, increase the extent to which service users and former service users are involved in the design, delivery, and evaluation of these services, and ensure that the Council's investment in these services is delivering value for money and good outcomes for users of the service within its resource envelope.
- 3.7 The review outlined a number of options for pursuing these changes. These options were considered by CMT on 28<sup>th</sup> February 2013, at which the option to open a process of competitive dialogue was favoured. This would involve procuring a new service model, whereby requirements could be clearly defined and expected high level outcomes clearly articulated. The Council would invite potential bidders to develop the service specification through a clear, open and transparent process using a competitive dialogue tendering process. The final specification would yield a more cost effective and improved service specification. The competitive dialogue process is detailed further in the Procurement section below.

### ***Adult Mental Health Services provided by the Voluntary Sector***

- 3.8 In addition to those services provided to adults with mental health conditions by CNWL, the Council also invests additional resources in services provided by the voluntary sector for this purpose (approximately £400k per annum). Council officers intend to use this procurement to re-tender for these services as well in order to maximise investment of available resources in preventative and recovery-oriented mental health services, and to ensure there is a seamless alignment and cohesive structure to this service area as a whole.

### ***Children and Adolescent Mental Health Services***

- 3.9 Current the Council spends £533,494 per annum on Children and Adolescent Mental Health Services (CAMHS), which includes both a

care planning and placements service and services for children and young people with learning disabilities.

- 3.10 The current arrangement for these services is due to expire on 31<sup>st</sup> March 2014 and Council officers from Children & Families have expressed a desire to participate in the development and utilisation of the proposed mechanism for re-procuring these services.

### ***Clinical Commissioning Group Services***

- 3.11 From the 1<sup>st</sup> April 2013 Brent CCG will be wholly responsible for local commissioning of clinically-oriented mental health services. The CCG has expressed a tentative interest in collaborating with the Council in this procurement exercise for the purpose of ensuring a more holistic and recovery-based approach to local mental health service provision in the future. Whilst they have not yet finalised the value and/or the elements of its commissioned mental health services to be procured, the CCG have given a strong indication of their intention to use this mechanism to re-tender for their Voluntary Sector spend (approx. £200k per annum). Officers will advance discussions with the CCG regarding the scope of services and contracts which it would wish to include in the process. The combined contract value of these collective services (as described in paragraphs 3.1 to 3.11 above) is likely to be in the region of £8m per annum.

### ***Other Collaborative Opportunities***

- 3.12 The problems associated with the delivery of local mental health services to which officers seek remedy are not unique to Brent, but are rather problems which are commonly experienced across localities. Because of this, it may be that once work to establish the competitive dialogue process formally commences, other neighbouring boroughs may express an interest in participating. Officers will ensure all participating partners are known prior to advertising this procurement.

### ***Procurement***

- 3.13 Officers have identified that there is a need to create a new landscape within which to meet the mental health needs of the local population. Furthermore the process for developing new services will have many complexities, both in terms of individual Directorate and Strategic Partner requirements, the difficulties that collaboration can create, and the high value of the service. Officers believe it is critical to involve the market in the process of developing new responses to the challenge of rising incidence of mental ill health and improving the quality of future mental health services whilst achieving value for money. Innovation and wider engagement with the market and the wider community will be critical to providing a better service. The structures within which mental health services have been delivered have for some time been fixed and unchallenged. This service area is therefore ideally placed to

benefit from the unique advantages which may be derived from a competitive dialogue, namely that it is an opportunity for the Council to attract a wide range of innovative solutions from across the market to the final service specifications.

- 3.14 In accordance with the Council's Contract Standing Orders a one-stage or two-stage tendering process is normally required for the contracting of this service. In order for officers to engage with the market in a clear, open and transparent process it is the recommendation to carry out a procurement process via a competitive dialogue subject to further advice from Procurement and Legal colleagues.
- 3.15 The key advantage of the competitive dialogue process is that dialogue with providers is permissible up until the final submission of tenders. This will allow the Council(s) to develop the specification during the process, reducing unnecessary or expensive processes and giving the opportunity to incorporate innovation.
- 3.16 Officers seek approval to carry out service user and community consultation, market research and determine market readiness as set out in paragraph 3.13 as the initial step for this process, once providers have expressed their interest in being part of the competitive dialogue process.
- 3.17 Officers will return to Executive in July to outline and seek approval for pre-tender considerations, including the scope of services to be re-tendered and the structure of the remainder of the competitive dialogue. Outlined below is an indicative timetable for the process:

<b>Task</b>	<b>Date</b>
Place advert inviting expressions of interest and indicating that the first stage in the process will be market consultation	April 2013 following Executive approval and expiry of call-in
Service user and community consultation, Market research and determine market readiness	April to June 2013
Appointment of a Procurement and Project Manager on an interim basis	April 2013
Executive report seeking approval for pre-tender considerations	July 2013
Competitive Dialogue element of the process	August 2013 to January 2014
Invitation to Tender element of the process	January to April 2014
Executive report seeking approval to award	April/May 2014
Procurement awarded	June/July 2014
New services commenced	July 2014 onwards

#### **4.0 Financial Implications**

- 4.1. Currently the Mental Health Services being delivered via CNWL for Adults are overspending by £0.769m (11% of a net budget of £6,929) for 2012/13. This overspend has put severe pressure of the rest of the department and which cannot be subsumed going forward. The overspend, based on current performance data, is estimated to increase to £1.000m for 2013/14 if no action is taken which is a severe financial risk to both the department and council.
- 4.2. The indicative financial envelope included within this process is as follows (final envelope will be confirmed when Officers return to Executive in July 2013 with pre-tender considerations):

Description	2011/12 Spend £'000	2012/13 Projected Spend £'000	2013/14 Budget £'000
Adults – via CNWL	6,989	7,698	6,996
Adults – Vol Orgs	400	400	400
Children's – CAMHS	533	533	533
CCG	200	200	200
Other	TBC	TBC	TBC
<b>Total</b>	<b>8,122</b>	<b>8,831</b>	<b>8,129</b>

## 5.0 Legal Implications

- 5.1 The Director of Legal and Procurement supports the objectives of the Executive Report in striving to achieve a holistic and innovative solution to the provision of mental health services within London Borough of Brent including possible co-operation with other Boroughs and organisations.
- 5.2 Competitive dialogue is a process recognised within the EU public procurement regulations, and is a process that can only be adopted within the regulations for a particularly complex procurement. Here, the service is a part B service not required to be tendered in accordance with the EU regulations, and so the service department can structure a procurement more loosely based on the EU model. Competitive Dialogue would appear appropriate for this kind of procurement, if it does indeed offer significant challenges to the Council in identifying financial models and service-related solutions. However, it is recommended that consideration be given to using alternative procurement procedures if initial community consultation and market testing demonstrate the possibility or benefits of adopting a different procurement strategy.

- 5.3 This report is asking for approval for the use of a competitive dialogue, which requires a specific exemption from Contract Standing Orders, and also for the initial stages in the procurement. The proposed process is unusual because the first stage in the process after placing of adverts is to have a market dialogue with everyone expressing an interest, even though some of these organisations may not pass the pre-qualification stage. However it is only these initial stages that require approval, as a further report will be presented to the Executive in July for the approval of all other pre-tender considerations.
- 5.4 Members need to be satisfied that an exemption from the usual tendering requirements of Contract Standing Orders is justified, on the basis of good operational and / or financial reasons as set out in the report.

## **6.0 Diversity Implications**

- 6.1 Where it is proposed to change any service then an Equalities Assessment will be carried out to identify the impact on any particular group and the mitigating steps that need to be taken before a final decision is made on implementation.

## **7.0 Staffing/Accommodation**

- 7.1 The Brent Mental Health Service is primarily staffed by 100+ individuals on Council employment contracts that are being managed by CNWL under secondment.
- 7.2 Where the award is made under the proposed procurement solution to one or more new providers other than the incumbent; the Transfer of Undertakings (Protection of Employment) Regulations 2006 (“TUPE”) may apply so as to transfer from the current providers to the new, those employees of the incumbent provider. TUPE considerations will be considered by Officers when awarding services.

## **Contact Officers**

Phil Porter  
Interim Director of Adult Social Services

## Appendix 1 – Brent Mental Health Service Review Spring 2013

This appendix is not for publication because it contains information that is exempt from publication by virtue of Schedule 12A of the Local Government Act 1972, namely information concerning the business or financial affairs of any person (including the authority holding that information).