

Cabinet

9 February 2015

Integrated Personalised Support Alliance (IPSA) – Adult Mental Health

Wards: All

Report Authorised by: Strategic Director, Commissioning: Helen Charlesworth-May

Portfolio: Cabinet Member for Health and Wellbeing: Councillor Jim Dickson

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Report summary

This report seeks agreement for Lambeth Council to enter into a Section 75 Partnership Agreement ((of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)) with NHS Lambeth CCG to pool commissioning budgets for Mental Health Rehabilitation Services and then with these pooled funds enter into an Alliance Agreement with providers in order to support the transformation of health and social care services.

In April 2014, Lambeth Council (procurement board) and NHS Lambeth CCG and gave approval for commissioners to commence a process aimed at entering into an alliance contract agreement with a selected group of providers to support the transformation of mental health rehabilitation services. This encompasses in-patient NHS bed services and residential care placements funded by the Council. Both bodies agreed to this negotiated approach as a 'development pilot' or 'proof of concept'. This was justified on the grounds that this is a highly complex service transformation that requires providers who have demonstrated commitment to the co-production programme that the Council and CCG have been supporting through the Lambeth Living Well Collaborative (the LLWC). Providers also need to be able to work on a collaborative basis to deliver integrated personalised care in a relatively new and untested contractual approach (alliance contracting) framework within health and social care.

Proposals include the creation of a multi-agency community rehabilitation service to provide personalised recovery packages of support. This will enable move on from institutional care settings for c90 people through the provision of social housing, personal budgets and intensive care and support. The proposal also offers the CCG and Council c23% savings against the current £12.285m annual budget over three years.

Finance summary

The proposed total contract value (funding envelope) is shown below:

	Year 1 £000	Year 2 (and option Year 3) £000
Baseline annual budget	12,285	12,174
less savings	(1,943)	(2,800)
Pump priming	1,200	0
Total contract value	11,542	9,375

The 23% savings target (£2.8m) is delivered in full from year 2 of the contract. The lower savings agreed in Year 1 take account of the time required to review existing people and agree a new service offer.

The IPSA proposal consists of financial contributions from NHS Lambeth CCG and Lambeth Council (the two commissioner participants with the Alliance) are set out in the table below. Both savings and pump-priming costs are apportioned between NHS Lambeth CCG and Lambeth Council as partners in the pooled fund proportionate to their budgetary contributions.

Year 1	CCG £000s	LBL £000s	Total £000s
Gross Budget	7,073	5,212	12,285
Savings	(1,119)	(824)	(1,943)
Total	5,954	4,387	10,342
Pump-priming (Non Recurrent)	691	509	1,200
Total	6,645	4,896	11,542
% Split	57.6%	42.4%	100.0%

Year 2 (with option of Year 3)	CCG £000s	LBL £000s	Total £000s
Gross Budget	7,073	5,102	12,175
Savings	(1,627)	(1,173)	(2,800)
Total	5,446	3,928	9,375
% Split	58.1%	41.9%	100.0%

The funding envelope has been set after data modelling took place based on agreed assumptions and has shown a robust case for savings while maintaining or improving services to people. The funding envelope will cover the costs of care, care packages and personal budgets of those who are in the IPSA Services.

As noted above a total of £1.2m non recurrent funding has been agreed by the partners to support pump priming and transition to the new service.

Recommendations

- 1) To agree in principle to the proposed section 75 partnership agreement between NHS Lambeth CCG and Lambeth Council to support the commissioning of the Integrated Personalised Support Alliance (IPSA) Agreement, with the provision of a pooled fund and lead commissioning arrangement, led by NHS Lambeth CCG.

- 2) To agree in principle to the award of two years contract with provision for a one year extension. To take the form of an Integrated Personalised Support Alliance Agreement (and allied NHS standard contracts) to support service transformation as set out in this report.
- 3) To agree the proposed financial contribution to the proposed pooled fund as set out in the report.
- 4) To delegate the final sign off of the Section 75 Partnership Agreement and Alliance Agreement to the Chair of the Health and Wellbeing Board.

Context

- 1.1 At the Lambeth Council procurement board on 17 April 2014 and NHS Lambeth CCG Board Integrated Governance Committee (IGC) on 23 April 2014 it was agreed to commence negotiations with a group of providers to develop an Alliance Agreement to support the transformation of rehabilitation services, including secondary care in-patient rehabilitation services and social care residential care placements. Since approvals were granted the Integrated Commissioning Team has led a development process, in collaboration with service providers, to work toward establishing an Alliance Agreement. Regular updates have been made to NHS Lambeth CCG Board Seminars and Lambeth Council's Community and Well Being Outcome Panel.
- 1.2 Following approval to proceed with the 'Rehabilitation' Alliance, commissioners formally approached the Provider Alliance Group (PAG) (which was set up by commissioners as part of the LLWC work) with a proposition to enter into an Alliance Agreement to support transformation of 'rehabilitation' services and delivery of key outcomes with a savings target of c23%. In response, a small group of providers within the PAG; ThamesReach, Certitude, South London & the Maudsley NHS Foundation Trust (SLaM) and Lambeth Council Social Care Delivery agreed to form a bespoke Alliance in response to the invitation to work with commissioners on this initiative. The Alliance was required to respond to commissioners with a formal written response to the proposition that set out how they would approach delivery of improved outcomes and the saving's target. The Mental Health Integrated Programme (MHIP) Board evaluated this application against evaluation criteria (previously approved by the NHS Lambeth CCG IGC and the Lambeth Council Procurement Board) and confirmed that the Alliance had met the core criteria. On this basis, since July 2014, the process progressed to formal negotiations between commissioners and providers.
- 1.3 The IPSA proposal will support better co-operation and co-production with Lambeth residents, and will contribute to the following community plan outcomes:

Safer Communities

- Vulnerable people get the support and protection they need;
- Older, disabled and vulnerable people can live independent lives and have control over the support they need;
- People are healthier for longer; and
- Lambeth residents have more opportunities for better quality homes.

More jobs

- People are helped to achieve financial security; and
- People have the skills to find work.

Cleaner streets

- Communities feel valued and part of their neighbourhoods.

1.4 The IPSA will also support implementation of the **Care Act 2014**. The driving principles of the Care Act are the promotion of wellbeing and the prevention, delay and reduction in the need for care and support.

The Act aims to clarify the duties of Local Authorities and ensure that people are aware of what they are entitled to. People using services must also be involved as active partners able to participate as fully as possible in decisions about their care. This duty to involve applies in all settings, in care homes as well as the community.

2 Proposal and Reasons

2.1 The proposal seeks to develop a new approach to the commissioning of integrated services for people with severe and enduring mental health needs, particularly mental health rehabilitation services. The approach, alliance contracting, is a natural phase of evolution and builds on the success of the Lambeth Living Well Collaborative (the LLWC) which is the partnership platform created and supported by NHS Lambeth CCG, Lambeth Council and partners to apply co-production practice to the commissioning and delivery of services and support for people with severe mental health problems.

2.2 The proposal entails delivering personalised integrated care and support for 190 people currently placed within residential spot placements and in-patient rehabilitation services currently costing the Lambeth Council and NHS Lambeth CCG £12.285m. The current bed based services provide limited outcomes for service users and are currently over budget and subject to increasing demand. The current offer is unsustainable hence the reason for testing out this new approach.

IPSA Service Offer and Outcomes

2.3 The IPSA will be responsible for two key functions that will support delivery of improved outcomes for people with complex needs who will benefit from intensive ‘rehabilitation’ support. The first function is to support the current (legacy) residents of in-patient rehabilitation services and residential care placements to move on to more independent housing provision. This will be supported recovery based personalised care packages, including personal budgets.

2.4 The second function will be to support all ‘new’ referrals by intensive rehabilitation support which is not supported by Community Mental Health Teams (CMHT) or by the Living Well Network (LWN). This will also involve managing the process and funds for care packages and personal budgets for all those who are assessed as eligible. This will all be achieved within the agreed funding envelope.

2.5 Current place of legacy people using rehabilitation services:

Service	Dec 14
SLaM Tony Hillis Unit (THU) ward	16
SLaM McKenzie ward	17
SLaM Spot Hospital Placements	22
LA funded Residential Placements	113
LA Nursing Placements	22
Total	190 people

- 2.6 The key services and support which the Alliance will provide are as follows:
- Care and support co-ordination and facilitation;
 - Regular review of needs;
 - Peer support and befriending;
 - Housing provision and support;
 - Support with finances and managing personal budgets;
 - Support for participation including work and readiness for work;
 - Physical health care and support;
 - Mental health treatment and monitoring; and
 - In-patient care and residential care and support only in exceptional circumstances.

2.7 The key outcomes which the IPSA is designed to deliver are based on the Big 3 outcomes (that matter to people who use services) developed by LLWC. In addition to substantially improving outcomes for people, the IPSA expects to deliver 23% savings against the current budget envelope.

<p>LLWC – “Big 3” outcomes</p> <p>To support people to :</p> <p>1. Recover and stay well experiencing improved</p> <ul style="list-style-type: none"> - Quality of life - Physical and mental health <p>2. Make their own choices & achieve personal goals, experiencing increased</p> <ul style="list-style-type: none"> - Self-determination and autonomy <p>3. Participate on an equal footing in daily life specifically</p> <ul style="list-style-type: none"> - To ‘connect’ with e.g. family, friends & neighbours - To ‘give’ in the community e.g. community activities, volunteering, peer support - To ‘be included’ especially in relation to education, employment, adequate income and stable housing - To ‘participate’ on an equal footing with others with reduced stigma & discrimination e.g. in access to mainstream services, housing, education and employment
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2.8 We are developing the outcomes into key performance measure as indicated below. These will be detailed in the Alliance Agreement.

Key Results Area	Sub area	Measure	Evaluation	Gamebreaking Target (by Yr. 2)
Recovery and staying well	Improved mental health and wellbeing	% of people with increased and sustained score on Recovery Star	Peer evaluator panel will determine level of performance	All people report an improvement in scores.
	People’s physical health has been	% of people achieving each level below:	Data submission and aggregation	80% of people have improvement in

Key Results Area	Sub area	Measure	Evaluation	Gamebreaking Target (by Yr. 2)
	addressed and managed	1) annual GP visit and health check (minimum); 2) health action plan (stretch); 3) demonstrating improvement on health action plan (gamebreaking)		their own health action plan
	Reduced unplanned use of services	Number of attendances at A&E Number of unplanned admissions Number of MHA admissions	Data submission and aggregation	20% reduction in A&E attendance and unplanned admission.
Own choices	People live in a place of their own choosing	% of people in their own settled and sustained accommodation.	Data submission and aggregation Peer evaluator panel to check choice element	Of those people able/choosing to move on 90% will be in their own settled accommodation.
	People have personal budgets	Number of people with personal budget by end of Year 2	Data submission and aggregation	75% will access a personal budget (of those people able/choosing)
Participation	More people remain in or are started on pathway to work	Percentage of people are in training, volunteering or in open or self-employment	Data submission and aggregation	30% for legacy clients. 70% for new clients
	All have meaningful connections	Percentage of people reporting improved meaningful connections	Peer evaluator panel will determine level of performance	100%

2.9 Key service developments include:

- Creation of a multi-agency, professional (with peer support) Alliance Community Rehabilitation Team which will comprise of the former Social Work Occupational Therapy (SWOT – within Lambeth Council Social Care Delivery); High Support Team (HST - within SLaM) and staff from the in-patient rehabilitation service and voluntary sector;
- Reduction in residential care provision by 50% over two years i.e. c 50 beds;

- Reduction in need for in-patient rehabilitation provision and development of community based intensive community rehabilitation facility (7 bed existing supported housing scheme to be remodelled);
- Supply of 20 units of self-contained housing via ThamesReach (social/commercial finance);
- Supply of 9 self-contained flats via Certitude – remodelled on site of former Fanon Resource Centre;
- Supply of social housing units via Lambeth Council Social Care quota; and
- Peer support and connections hub at remodelled Fanon Resource Centre.

Housing Supply and Management

- 2.10 A critical part of the service offer is the provision of housing and improved joint working between housing providers and mental health services. This will be provided through a combination of supply directly made available by members of the Alliance; access to supported housing; social housing provision (including accommodation provided by Lambeth Living and registered housing landlords (RSL's) and private sector provision, where appropriate. We will engage with the member lead, Lambeth Council Commissioning Team and Lambeth Living to support the IPSA with housing provision made available through the social care housing quota. Details of this arrangement are currently being worked up.
- 2.11 One of the key challenges will be to work with housing managers to ensure proposed housing offers are made in areas which are sensitive to the needs of people with severe mental health problems. In addition, to ensure firm protocols are in place with housing providers/managers to ensure tenancy issues are managed pro-actively. Joint working arrangements are being developed with Lambeth Living, the largest provider of social housing in Lambeth and with IPSA, the Living Well Network and CMHT staff teams. This arrangement will not be adversely affected by the reintegration of Lambeth Living into Lambeth Council. The outcome of this is that we will reduce tenancy breakdowns for people with complex needs. For new people the focus will be on supporting them to stay in their own home as far as possible.

3 Finance

- 3.1 The proposed total contract value (funding envelope) which comprises both Council and CCG funding is shown below:

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- 3.2 The IPSA proposal consists of financial contributions from NHS Lambeth CCG and Lambeth Council (the two commissioner participants with the Alliance) as set out in the table below. Both savings and pump-priming costs are apportioned

between NHS Lambeth CCG and Lambeth Council as partners in the pooled fund proportionate to their budgetary contributions.

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% Split	58.1%	41.9%	100.0%

- 3.3 The funding envelope has been set after data modelling took place based on agreed assumptions and has shown a robust case for savings while maintaining or improving services to people. The funding envelope will cover the costs of care, care packages and personal budgets of those who are in the IPS Alliance Services. There are financial risks to other Mental Health social care budgets because people leaving IPS Alliance Services may require continued social care support. It has been difficult to accurately model the scale of this risk as the IPS Alliance represents a significant change to the system. Initial modelling has estimated the risk to be very low in 2015/16 and significant for 2016/17 but within the currently agreed budgets in future years. The impact of the IPS Alliance agreement on social care budgets as a whole will be monitored closely so that the full impact is fully understood and taken into account in future contract arrangements.
- 3.4 The numbers of those who are expected to be in the IPSA Services include those in in-patient rehabilitation or residential placements (the legacy group of patients/users) at the start of the contract and any new referrals during the contract life.
- 3.5 As noted above a total of £1.2m non-recurrent funding has been agreed by the partners to support pump priming and transition to the new service. This pump priming will require £350k of funding above the available budget for mental health which will be funded from reserves although a bid to the Cooperative Investment Fund is being prepared and if successful will replace reserves funding.
- 3.6 NHS Lambeth CCG and the London Borough of Lambeth appointed Grant Thornton to undertake a Convergence Audit to provide a high level assessment of the Alliance's financial forecasts prior to agreement and implementation of the alliance agreement. This included:
- understanding how the financial model outputs are built up from underlying input assumptions;

- assessing the completeness and appropriateness of the key income and expenditure assumptions and comparing with the historical income and cost experience of the providers
- identifying the key risks to the delivery of the forecasts and making recommendations for follow-up actions.

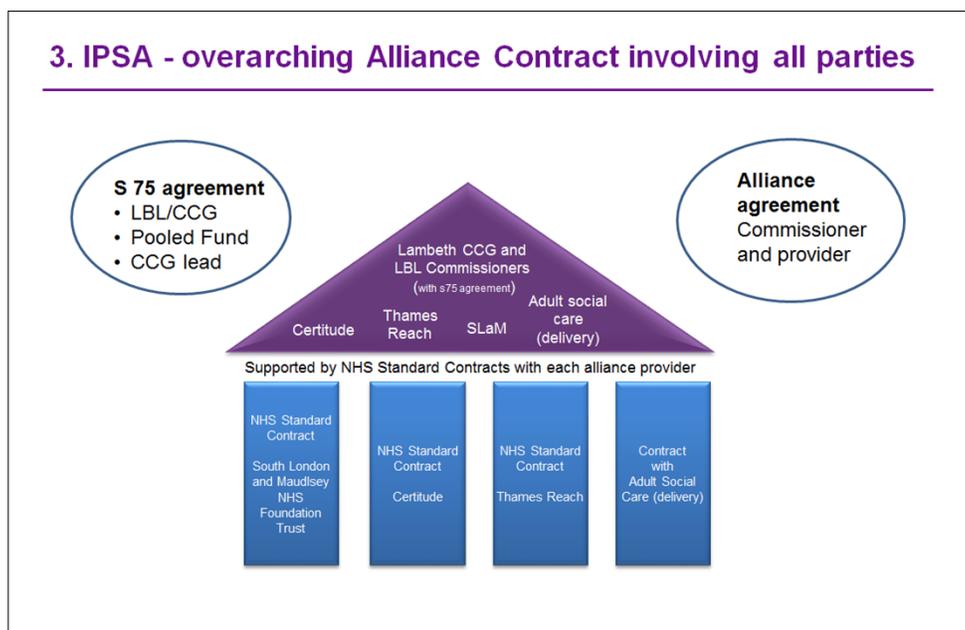
The Convergence Audit has provided analysis of the costs within the provider model and given further transparency of the cost structures and arrangements within the alliance. Whilst the report raised areas for providers to consider during the implementation of the alliance contract no further issues were identified that resulted in a change to the model or its assumptions.

It has been agreed, as part of finalising the alliance contract that the provider finance group would develop a financial reporting framework for agreement with the Alliance financial leads and Leadership Team.

- 3.7 The risk and gain share arrangement between NHS Lambeth CCG and Lambeth Council will be based on the relative contribution. There will be no risk and gain share arrangement in the first year of the contract.
- 3.8 A comprehensive risk register has been developed as part of this work. The key financial, legal and service risks are highlighted below together with mitigating action.

4 Legal and Democracy

- 4.1 The proposed IPSA will comprise of commissioners (NHS Lambeth CCG and Lambeth Council) and the four providers listed in the diagram below. Lambeth Council has a role within the Alliance as both a commissioner of social care services but, also as a provider of social care services through direct delivery of social work. The Alliance Agreement is designed to work alongside the NHS Standard Contract which will set out specific requirements in relation to regulatory requirements etc. as illustrated in the diagram below.



- 4.2 In order to support the commissioning arrangements of the Alliance Agreement a Section 75 (of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012)) partnership agreement will be necessary. This will support the ambitions of both NHS Lambeth CCG and Lambeth Council to achieve integrated care through the adoption of a pooled fund and lead commissioning between both organisations. The Agreement specifies the respective service and financial contributions and the risk share arrangements. It is proposed that NHS Lambeth CCG takes on the lead commissioning responsibility on behalf of Lambeth Council.
- 4.3 A committee in common will be established between Lambeth Council and NHS Lambeth CCG to provide over-arching governance for all Section 75 related initiatives including IPSA and the Better Care Fund (BCF).
- 4.4 The IPSA Project has been receiving on-going advice and guidance from an Alliance Contracting consultant, LH Alliances Ltd. Wragge and Co. solicitors who have experience of alliance contracting elsewhere have advised on the development of the Alliance Agreement. NHS England and Monitor have been briefed on the proposed procurement approach. Lambeth Council legal services have advised on both the Alliance Agreement and Section 75 Agreement. Capsticks solicitors have provided the legal advice (on behalf of NHS Lambeth CCG and Lambeth Council) and support in relation to the Section 75 agreement and its link with the Alliance Agreement.

IPSA Governance

- 4.5 In July 2014, the formal Integrated Personal Support Alliance (IPSA) governance arrangements were established as set out below and described at the Community Wellbeing Outcome Panel on 22 October 2014



4.6 The Alliance Leadership Team (ALT) has been meeting regularly since July 2014 to support the development of a detailed service and financial plan, capable of delivering the ambitious outcomes and savings targets. The Alliance Management Team (AMT) is the provider/delivery part of the Alliance and has undertaken a considerable amount of detailed service and financial planning in order to reach the final set of proposals which the ALT approved on 14th January 2015. These proposals are set out in Section 3 of this report.

5 Consultation and co-production

5.1 The development of the IPSA is a key element of the service transformation programme being led by the Mental Health Integration Programme (MHIP) and supported by our partnership platform, the Lambeth Living Well Collaborative (LLWC). The proposed alliance contracting approach fits with the ambition of the MHIP and the LLWC to deliver whole system change (across voluntary sector, primary care, social care and secondary care in collaboration with users of services and carers) through a process of co-production, and a focus on personalised care and support outcomes for people.

5.2 People who use services have been fully involved in developing the Big 3 Outcomes of the LLWC. These outcomes form the basis of the performance framework and will be involved in the evaluation of the Alliance's delivery against key outcomes.

6 Risk management

6.1 A comprehensive risk register has been developed as part of this work. The key financial, legal and service risks are highlighted below together with mitigating action:

Key risks	Mitigating action
Financial	
Providers will face double running / transitional costs in the move to the new service offer.	- Lambeth Council and NHS Lambeth CCG have made available £1.2m non recurrent funding to support transition.
Savings are not delivered in accordance with the expected plan – 23% against financial envelope	- Service and financial modeling has been undertaken and subjected to stress testing and scenario planning. - Convergence Audit has been undertaken to test the financial robustness of the provider model - The financial envelope agreed reflects the commissioner and provider negotiations on a model that will deliver 23% savings in Year 2 with 16% savings in Year 1 that take account of the time needed to review existing people and agree a new service offer.
Poor service performance leads to reduced reward and increased financial risk from alliance providers	- The ALT, which includes commissioners will monitor performance closely and ensure remedial action is taken.
Key risks	
Mitigating action	
Inability to agree apportionment of	- The S75 partnership agreement provides the framework to agree this. The savings, pump-priming cost and risk and

savings between health and social care	gain share arrangements are as outlined above.
Costs falling outside of the pooled budget creates risk to the CCG, LBL and providers	<ul style="list-style-type: none"> - The service and financial plan underpinning the agreement will be monitored on a monthly basis by the ALT. - The IPSA is an integral element of the whole system transformation performance dashboard developed by MHIP will be monitored closely, and by the ALT.
Legal	
Procurement challenge to the proposed negotiated alliance/contract is made.	<ul style="list-style-type: none"> - This is mitigated by the fact this is a proof of concept/developmental pilot to support service integration and critically we are aiming to build on the progress, innovation and commitment of existing providers who have worked via the LLWC to support improved services and support for borough residents. - We will need to consider future commissioning against the required procurement frameworks for the Council and CCG.
Service	
Insufficient housing stock sourced to meet demand	<ul style="list-style-type: none"> - Providers have committed to providing 29 units of the expected 90 units required to support the “legacy” population group. - Access to the social housing “social care” quota has been confirmed along with ongoing access to supported housing units. - Joint working protocols are being developed with housing providers to ensure people are supported more effectively and before problems escalate i.e. eviction.
Staff transferring to the new service fail to embrace new ways of working e.g. recovery and personalisation.	<ul style="list-style-type: none"> - Alliance change management implementation plan being developed. - Apply learning from LWN workforce / culture change development e.g. Assessment, Action and Planning Approach
Demand for “rehabilitation” support for people with complex needs continues to grow.	<ul style="list-style-type: none"> - Expectation is that new demand will reduce due to impact of SLAM Adult Mental Health (AMH) redesign and LWN. - Joint development work with the SLAM Behavioural and Development Clinical Academic Group (CAG) to ensure appropriate pathways are available following step down from secure services. - The IPSA is an integral element of the whole system transformation performance dashboard developed by MHIP will be monitored closely, and by the ALT.
Insufficient employment support / placements/ jobs sourced	<ul style="list-style-type: none"> - Alliance providers are active members of a wider network of employment, vocational support providers which has access to a range of placements etc. - Joint work has commenced with Lambeth Council employment and growth commissioners to increase job opportunities and support including links with Job Centre Plus and DWP employment support programmes.
Insufficient numbers of people in	<ul style="list-style-type: none"> - Assessments have been undertaken by the AMT which

residential care and health spot placements are able to move as needs justify current placement	suggest “move on” estimates are “conservative” and realistic
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7 Equalities impact assessment

- 7.1 An equalities impact assessment has been undertaken in respect of the IPSA proposal; this is attached as Appendix 1. The majority of people who access the current ‘rehabilitation’ service offer for people with very complex needs (in-patient rehabilitation beds and residential care) have a history of unsettled accommodation (including failed tenancies); limited, if any, employment history; limited connections with family and wider community resources and poor access to primary care services, and generally experience a low level autonomy and personal choice in their lives.
- 7.2 The in-patient bed services are over represented by people from black and minority ethnic communities and from people who experience repeat admissions to psychiatric hospitals. The over representation of people from black communities in acute bed based services is a key issue of concern raised within the Black Wellbeing Commission ‘From Surviving to Thriving’ undertaken during 2014. The proposed new offer seeks to address these inequalities by adopting a personalised approach aimed at supporting people in their own ‘settled’ homes; supporting them to manage ‘crises’ at home as and when they occur; ensure improved access to primary care services; supporting people on the pathway to employment and connecting them to wider community resources as well as offering greater personal choice and autonomy through the provision of personal budgets.
- 7.3 This approach has the benefit of aiming to address the inequalities experienced by people with mental ill health and the community safety concerns of the broader community as set out below.

8 Community safety

- 8.1 People using mental health services may sometimes be linked with anti-social behaviour but are more likely to be at risk of exploitation and violence from other people in the community. Through services such as those provided through the IPSA proposal the likelihood of such exploitation will be reduced.
- 8.2 Providers will be expected to assist in monitoring and engaging people to link in with mental health and universal support services including peer support and community connection services. Providers will also be expected to encourage medication compliance and develop coping strategies to reduce the potential for breakdown or relapse.
- 8.3 Providers will deal with anti-social behaviour or nuisance occurring in or around peoples’ homes, and will liaise with Safer Neighbourhood and Community Safety teams to deal with such issues. It is a contractual requirement that all current providers’ staff should possess an enhanced CRB and POVA clearance, that all staff receive training on the safeguarding of vulnerable adults and that they meet the National Minimum Standards in this respect, as well as measures to safeguard children.

9 Organisational implications

9.1 Procurement

The services comply with responsible procurement in the following ways:

Social responsibility: Organisations involved in the IPSA proposal have strong records in employing a representative mix of the community and may be undertaking work to train and support service users within their organisations. This includes encouraging access to work opportunities and developing peer support services.

Economic responsibility: The IPSA proposal will ensure that high quality, good value services are developed which offer as much choice and control as possible to people as they step-down from rehabilitation or residential care home services. Data modelling has been completed based on agreed financial assumptions, and has shown that large savings can be achieved while maintaining or improving care and support services.

Environmental responsibility: Each provider will have an environmental policy, describing how they will meet their obligations in this field.

Lambeth Council's procurement team have provided advice and guidance in relation to this proposal. It is recognised that the procurement approach runs the risk of challenge by providers as the invitation to form an alliance for this initiative was restricted to existing providers who comprise of the Provider Alliance Group (PAG) developed by the LLWC. However, this risk is reduced by the fact that the proposal is a 'development pilot' or 'proof of concept' and at the end we will need to consider future commissioning against the required procurement frameworks for the Council and CCG.

9.2 Staffing and accommodation

This proposal involves the creation of a new multi-agency professional team created from the existing Lambeth Council Social Work Occupational therapy (SWOT) and High Support Team (South London and the Maudsley NHS Foundation Trust) along-side staff from two voluntary sector organisations, Thames Reach and Certitude. Staff will be made available from their respective organisations to work together within the newly created team with a clear management structure in place for managing day to day operations.

9.3 Health

This proposal has been developed jointly with NHS Lambeth CCG and contributes to meeting the key priority of improving the mental well-being of the Lambeth population as set out in the Health and Well Being strategy and Joint Strategic Needs Assessment.

10 Timetable for implementation

CCG GB approval	21 January 2015
Lambeth Council cabinet approval	9 February 2015
Finalise Alliance agreement and S75 agreement	February 2015
Sign off Alliance Agreement and S75 Agreement	9 March 2015
Finalise service plan and performance reporting	20 March 2015
New service formally commences	1 April 2015
Community Rehabilitation Team fully operational	April 2015
Initial 9 units housing supply	June 2015
Turretts step-down facility in place	July 2015

10.2 List of measurable aims and outcomes with the date by which they should be achieved

Key Result Area	Key Delivery targets (achieved by Year 2_
Recovery and staying well	Mental health wellbeing – 100% reported improvement. Physical health - 80% have improvement in goals set in Health Action plan Unplanned use of services – 20% reduction in emergency admissions
Self determination	Place of residence – 90% in settled accommodation by year 2. Use of personal budgets – 90% in receipt.
Participation	In employment - Meaningful activities – 70%
Cost	23% savings target

Audit trail				
Consultation				
Name/Position	Department or Organisation	Date Sent	Date Received	Comments in para:
Helen Charlesworth-May - Strategic Director Commissioning	Executive Director	12 January	19 January	Throughout doc.
Moira McGrath	Director Integrated Commissioning	4 December	12 January	Throughout doc.
David Thomas / Alison McKane	Legal Services	12 January	12 January	
Anne Rasmussen	Democratic services	12 January	13 January	Throughout doc.
Pete Hesketh	Finance	4 December	12 January	Throughout doc.
Gill Vickers	Director Adult Social Care	4 December	12 January	Throughout doc.
Fiona Connolly	AD Adult Social Care	4 December	12 January	Throughout doc.
Cabinet				
Councillor Jim Dickson	Cabinet Member	12 January	22 January	Throughout doc.
Councillor Imogen Walker	Cabinet Member	12 January	22 January	Throughout doc.
External / NHS Lambeth CCG				
Andrew Eyres	Managing Director, Lambeth CCG	14 January	21 January	Throughout doc.
Christine Caton	Chief Financial Officer, Lambeth CCG	4 December	21 January	Throughout doc.
Dr Adrian McLachlan	Chair Lambeth CCG Board	14 January	21 January	Throughout doc.
Dr Raj Mitra and Dr Paul Heenan	Lambeth CCG Board Member - Mental Health Clinical Leads	14 January	21 January	Throughout doc.
Sue Gallagher & Graham Laylee	Lambeth CCG Board Member – Non Executive Directors	14 January	16 January	Throughout doc.
For internal reports, list internal meetings where issue has been considered				

Report history	
Original discussion with Cabinet Member	On-going – since Feb 14
Report deadline	28 January 2015
Date final report sent	28 January 2015
Report no.	152/14-15
Part II Exempt from Disclosure/confidential accompanying report?	No
Key decision report	Yes
Date first appeared on forward plan	14 February 2014
Key decision reasons	<ul style="list-style-type: none"> - Value over £500k - Significant decision to support policy on integration with health services.
Background information	<p>Airdina’s Story - http://lambethcollaborative.org.uk/recoverystories/airdrina%e2%80%99s-story-integrated-health-and-social-care-personal-budgets</p> <p>Health and Wellbeing Board papers 22 October 2014 - http://modern.gov.lambeth.gov.uk/documents/g9027/Public%20reports%20pack%20Wednesday%2022-Oct-2014%2018.00%20Health%20and%20Wellbeing%20Board.pdf?T=10</p> <p>Crisis Care Concordat declaration - http://www.crisiscareconcordat.org.uk/areas/lambeth/</p> <p>Black Health and Wellbeing Commission – From Thriving to Surviving - http://lambethcollaborative.org.uk/wp-content/uploads/2014/08/ENC-4.4-BHWB-Commission-Final-Report2-PDF-June-2014.pdf</p>
Appendices	<p>Appendix 1 - Equality Impact Assessment</p> <p></p> <p>Equality impact assessment form IPS/</p>