

Frequently Asked Questions – Mental Health Accommodation Recommissioning

COMMISSIONING

Why do ECC want to change the current commissioning arrangements?

The presenting needs of individuals is changing, with more people with substance misuse issues and higher risk behaviours requiring accommodation based support. Some of our current provision is unable to support these individuals which means ECC has an increased reliance on Spot Provision and in some instances on Residential placements.

We also have a system that is currently silted with slower move on than we would like. Our ambition is for people only to remain in accommodation for as long as they require building based support but we do recognise the lack of move on accommodation opportunities. As part of recommissioning we are exploring options of how we support people once they are living in general needs accommodation and we recognise the need for closer working with the private housing market.

What are ECC's commissioning Intentions for MH Accommodation?

- A flexible model that supports the individual holistically through the Mental Health Accommodation Pathway
- Services that are built on connectedness to community assets so that a wide range of opportunities are accessible
- Divert admissions, re-admissions and inappropriate residential placements via more flexible support model inc. discharge to assess.
- Support closer working with community D&A services and create flexible accommodation settings to support emerging, complex needs
- Exploit accessible opportunities available to people recovering, e.g. employment & education
- Focus on the development of diverse, independent housing, and on closer working with private sector, ensuring on-going needs can be met in the community

When do the current contracts end?

We are undertaking governance to extend contracts for Intensive Enablement and Supported to Independence to end March 2022 due to the impact of Covid-19.

NEW MODEL

What will your new model look like and what will be the levels?

There will be three levels of support addressing the needs of increased numbers of people with high and complex needs:

- Complex – CQC registered with Multi Disciplinary Team (MDT) supporting
- High – Night Awake
- Medium and Low – mix of smaller units with flexibility for night sleep and concierge

See Appendix 1 for the details of the different levels

What would you envisage the Multi Disciplinary Team (MDT) looking like?

Housing support staff, health workers (community MH professionals and nurses), social workers and community assets (drug and alcohol, employment, adult community learning etc) all working together to support the individual to achieve their goals. There's an expectation for the provider to have collaborative arrangements in place with the MDT.

What volumes will you require for the next round of commissioning and where will you need the provision?

ECC is currently analysing data from EPUT to track referrals to enable us to set volumes by locality. We will make the market aware as soon as we can regarding the volumes.

Why are you considering Discharge to Assess beds?

Initially we are only considering two beds per scheme as we do not want the beds to become an alternative for a hospital bed. The purpose of these beds is to:

- Ensure prompt discharge from hospital, residential settings etc to enable an MDT community based assessment.
- Provide a step up from the community where a situation is breaking down for an individual.
- To manage and assess fully any secondary diagnosis, such as Drug and Alcohol use.

Could there be a mix of needs in each tier of service? Can the tiers be mixed?

There will be an expectation that staff will be skilled at the relevant levels to manage the needs. Service users may move across the pathway in a planned way on the basis of their individual needs.

Is there any current or planned crisis/respite bed provision so that people can access short term higher support without losing placements in low/medium accommodation or being readmitted to hospital?

We would expect the step down beds within the complex provision to be averting hospital admissions wherever possible.

Are you looking for single suppliers or suppliers working together?

We are considering the options of single suppliers, or a lead provider model for each locality.

ACCOMMODATION

What types of accommodation will you require?

For Complex and High we will require single occupancy or self contained accommodation. For Medium and Low we will require a mix of self contained and shared in a cluster arrangement, with a focus on small houses to avoid stigma, promote peer support and economies of scale.

Are you aware that if you require new buildings these could take approx. 9 months for updating existing provision and up to 18mths to bring on new provision?

The market has been very helpful in describing the issues of bringing on accommodation and we are aware of the timescales. We are currently undertaking a mapping exercise of our current provision and building types to make an informed decision on our requirements.

Is the expectation that the provider brings the accommodation (and support) in every case or does the council have some housing stock available?

We would expect the provider to either have their own accommodation or be working with a private landlord. The local housing authorities do not have accommodation available, but we may share information about any potential availability or awareness of buildings as they become available.

Does the support provider have to be the landlord?

They do not have to be the same, but there will be requirement for the support provider to be able to access the Intensive Housing Management element of the housing benefit

Will there be TUPE implications?

In some instances TUPE may apply and it will be defined at Tender stage.

LINKS WITH COMMUNITY ASSETS

Why are you so focussed on Supported Accommodation being linked to Community Assets?

Connectedness to community and social assets is integral to recovery in the Mental health recovery pathway. There is an expectation that the providers will work proactively with community assets to meet the needs of their service users. An holistic assessment should include access to learning, volunteering, employment, training, social and community activities.

PAYMENT PROCESSES AND SYSTEMS

What payment process will you be adopting?

ECC uses an online payment system and details of payments and processes will be part of the contractual arrangements and will be confirmed at the Tender process.

Would ECC cover any voids in the complex category?

ECC Adult social care will fund support and there is an expectation that the housing element will be covered by housing benefit. We will continue to look at our proposed model and will engage with the market. Final determination will be confirmed Tender stage.

Complex – Description of Service

Brief Description of Service

- Multi-agency working with treatment agencies activities, employment training, work & volunteering support
- Recovery based model within a Psychologically Informed Environment (PIE) and abstinence-based scheme
- The MDT Staff will be working proactively with and linking individuals to for example Forensic Community Team, Community Mental Health Teams, social workers and other community provision relevant to their needs
- 24/7 support and supervision in order to maintain independence
- CQC registered



Complex (10)
MDT 24/7
CQC

With 5 **step down** places
D2A
24/7 (Night Awake)

High – Description of Service

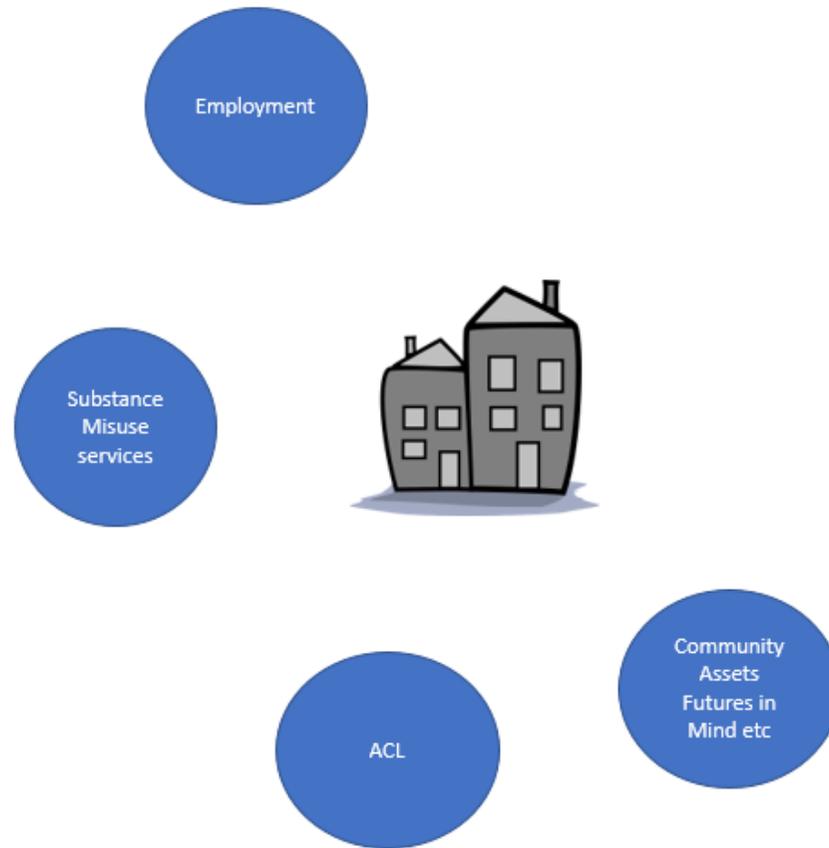
Brief Description of Service

10-12 hrs core

Night Awake

On site office

Self-contained with communal area



Level 3 Medium/Low– Description of Service

Brief Description of Service

- Flexible configuration of accommodation
- Mix of shared and self-contained
- Increase in number of smaller properties
- Clustering of accommodation to support step down

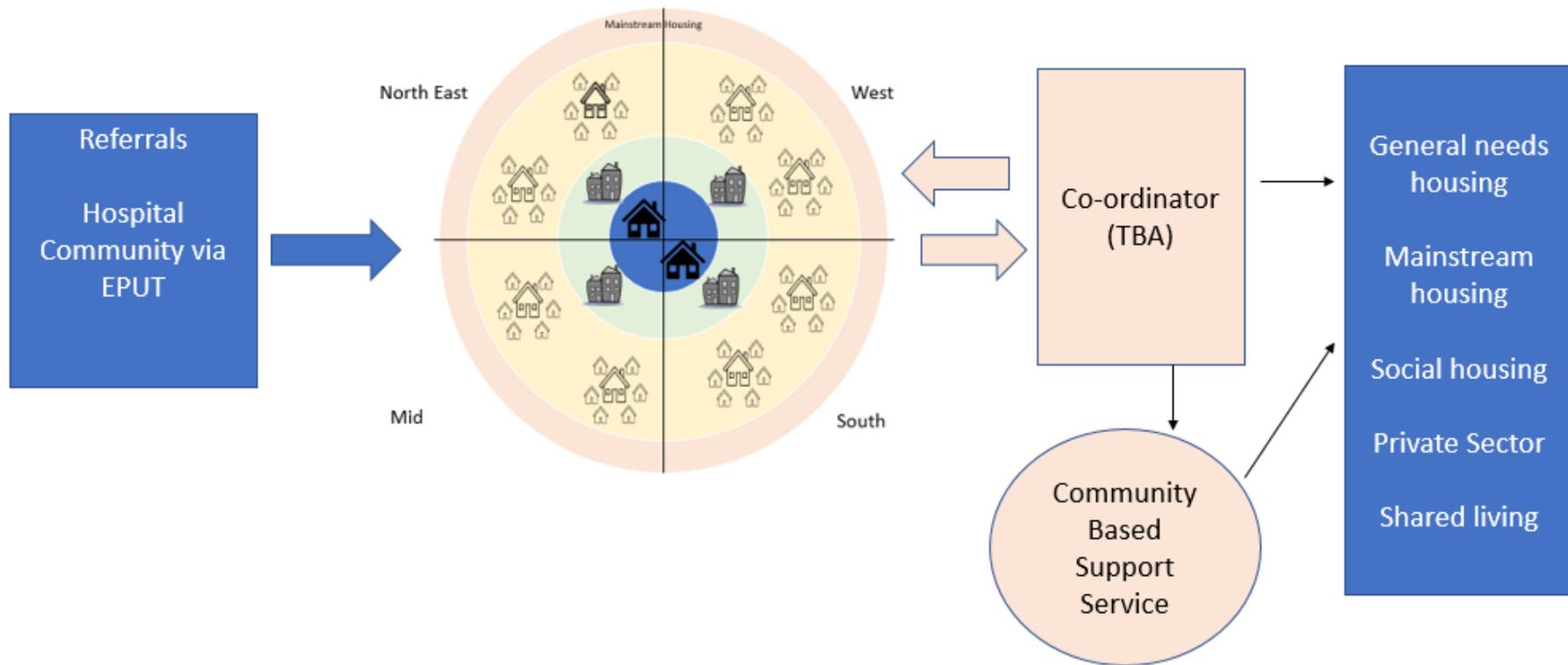
- Sleep-in
- Concierge & Assistive Technology
- On-call
- Onsite Office/Extended Office Hours e.g. 10am- 7pm (Medium)
- No onsite office (low)



Whole System

Supported Living

Community & Move on



Referrals

Hospital
Community via
EPUT

North East

West

Mid

South

Mainstream Housing

Co-ordinator
(TBA)

Community
Based
Support
Service

General needs
housing

Mainstream
housing

Social housing

Private Sector

Shared living

