

## **Report to Executive Director of Adults & Health (DASS)**

**March 2021**

### **Mental Health Discharge to Assess Contract Extensions**

#### **Report by Head of All Age Commissioning**

**Electoral division(s): ALL**

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#### **Summary**

The Mental Health Discharge to Assess service (D2A) supports working age adults to be discharged from acute mental health hospitals in a safe and timely manner. The Council commissions this service and is fully recompensed by Sussex Partnership Foundation Trust (SPFT). D2A has evidenced excellent outcomes for West Sussex residents and mental health systems, whilst supporting the pandemic response by minimising delays to hospital discharges. Local health and social care leaders support extending D2A and this paper seeks authority for a 6-month extension of these arrangements.

Due to Covid-19 there have been different and shorter-term funding arrangements in place within NHS England (NHSE) which has impacted the ability of the local system to confirm funding into 2021/22. In the absence of this guidance SPFT has made a commitment to cover the costs of services for the first 6 months of the year. This funding decision has only been communicated very recently which has restricted the ability to take decisions sooner.

Due to the need for this matter to be determined as soon as possible, the decision maker has secured agreement for this decision to be taken without prior notice in the Forward Plan of key decisions and has authorised the Director for Law and Assurance to issue the necessary notice providing the reasons for this action.

#### **Recommendation**

The Executive Director Adults and Health is asked to approve a 6 month extension of the Mental Health Discharge to Assess service from 1<sup>st</sup> April 2021

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#### **Proposal**

##### **1 Background and context**

- 1.1 The Mental Health Discharge to Assess (D2A) service has been running as a trial commissioned by the Council in partnership with health partners and

fully funded by Sussex Partnership Foundation Trust (SPFT) with £776k total spend to date.

- 1.2 D2A is based on the national model for enabling older adults to be discharged from general hospitals which forms a key part of the [Department of Health's Hospital Discharge Service Requirements](#). D2A described in this paper uses many of the same principles as the older adults' model but includes key differences relating to adult mental health discharges.
- 1.3 D2A provides immediately available support and accommodation to working age mental health inpatients who no longer require medical treatment in an mental health hospital but do need ongoing social care or housing input. D2A provides short term (maximum 6 weeks) community alternatives to hospital beds whilst ongoing housing and social care assessment and/or referral is progressed.
- 1.4 The Council commissions D2A through block contracts with five provider organisations consisting of:
  - a supported housing provider
  - a mental health residential care home
  - a mental health nursing care home
  - a specialist community mental health provider
  - a housing support service based in acute mental health wards
- 1.5 The Council commissioned the D2A trial in February 2020 and has extended and expanded D2A since via various funding routes (see Appendix I).
- 1.6 D2A has evidenced positive outcomes for West Sussex residents and health & social care systems such as:
  - safely discharging over 170 people from acute inpatient care
  - releasing over 4,000 bed days in local mental health hospitals (reducing the likelihood that people need to be sent to out of area hospitals)
  - contributing to a reduction in the average length of hospital stay and the number of patients whose discharges are delayed
  - reducing the ongoing cost of community care to the Council and CCG

## **2 Proposal details**

- 2.1 A 6-month extension of the service, with total value of £564k will require 5 care provider organisations to have 6-month extensions to their current contracts for a total value of £492k for all 5 contracts.
- 2.2 An additional £72k will be used to extend a D2A social worker staffing contract, fund one-off discharge associated costs, and pay for costs for additional Council staff resource used for sourcing mental health community placements.

## **3 Other options considered (and reasons for not proposing)**

- 3.1 Discontinuing D2A was considered but not progressed as the lack of a service would increase demand placed on acute hospitals during the pandemic and is a financial risk to the Council and health partners as it would cost more money to discharge people without D2A. This option could also cause the Council

reputational damage should it not support a now nationally recognised model advocated by local health partners.

- 3.2 Delivering a reduced D2A was considered and found unsuitable as the current D2A is utilised at nearly 100% capacity. A reduced D2A is likely to increase demand on acute hospitals which again would be a sub-optimal outcome during a national pandemic and risk negative reputational damage to the Council.

#### 4 Consultation, engagement and advice

- 4.1 Health & social care partners recognise D2A as an integral part of the mental health systems Covid response.
- 4.2 D2A continuation is supported by Sussex Partnership NHS Foundation Trust (SPFT) who deliver adult mental health services across West Sussex. SPFT & and Sussex Health and Care Partnership have identified D2A as a key objective of their [Mental Health Accommodation Strategy](#).
- 4.3 The Council’s working age mental health social work service has been involved throughout the trial and an extension is supported by the Council’s Head of Adult Operations.
- 4.4 Brighton and Hove City Council (BHCC) have commissioned their own D2A based on the West trial. Close links between the West and Brighton D2A enabled effective sharing of resources, cost reductions through joint commissioning, and shared learning.
- 4.5 [Getting it Right the First Time](#) (GIRTFT) is a national programme to improve NHS care. GIRTFT worked with D2A to open dialogue with NHS England about standardising the model nationally. NHS England cite West Sussex D2A as a case study of best practice (see page 12 found [here](#)) in national guidance on post-discharge support for mental health patients.

#### 5 Finance

- 5.1 Revenue consequences

	Current Year 2020/21 £m	Year 2 2021/22 £m	Year 3 2022/23 £m	Year 4 2023/24 £m
Cost of proposal	N/A	£0.564m	N/A	N/A
Third party funding	N/A	£0.564m	N/A	N/A
Cost to the County Council	N/A	£0		

There is no direct cost implication for the Council as SPFT will reimburse the Council for all D2A expenditure incurred in quarters 1 and 2 of 2021/2022.

- 5.2 Capital consequences - None

- 5.3 The effect of the proposal:

- (a) **How the cost represents good value**

(i) D2A delivers benefits across the health and social care system. For example, in year 1, 4,093 bed days were released from reductions in the number of days people stayed in hospital. The knock-on effect of this and from care needs being assessed whilst people receive community reablement has generated an overall investment return substantially greater than £1 for every £1 spent. Whilst much of this has accrued to partners, an element of the benefit has flowed to the Council through the pooled budget for working age mental health, mitigating some of the overspending pressure which was affected that area. The extension of the contract will ensure that these benefits are maintained at a time when demand for mental health services is increasingly significantly.

(ii) D2A achieves economies of scale by jointly commissioning with BHCC.

**(b) Future savings/efficiencies being delivered**

SPFT have committed to exploring ways to continue D2A beyond the 6-month extension with a view to creating permanent provision for the service and so securing the benefits which it has demonstrated it has the potential to deliver.

**(c) Human Resources, IT and Assets Impact**

D2A employs a social worker on a fixed term basis through the Council’s agency recruitment contract. D2A requires a small amount of time limited overtime to Council staff. The proposal has no IT or assets impacts to the Council.

**6 Risk implications and mitigations**

<b>Risk</b>	<b>Mitigating Action (in place or planned)</b>
The Council cannot reclaim expenditure	SPFT have confirmed in writing that funding is available.
Providers become unable to deliver services	- Contract management & contingency planning - D2A contracts can be ended at very short notice so alternative provision could be sourced
Further Covid-19 impact	- Contract management & contingency planning

**7 Policy alignment and compliance**

7.1 There are no equality duty implications as D2A services are deliverable to any adult West Sussex resident. There are no unusual legal implications and D2A contracts incorporate the Council’s standard terms and conditions. There are no climate change, crime and disorder or social value implications. D2A has evidenced improvements to the mental health of West Sussex residents which contributes to the West Sussex Health and Wellbeing Strategy goal of Living and Working Well.

7.2 D2A meets the objectives of the Councils corporate Reset Plan by:

- keeping people safe from vulnerable situations by delivering care and support to people being discharged from mental health hospitals.
- contributing to a sustainable and prosperous economy by creating jobs for West Sussex people and business for West Sussex care providers.

- helping people fulfil their potential through person centred planning is and reablement support
- making best use of resources by bringing health, social care, and housing together to deliver best possible outcomes for West Sussex residents.

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**Appendices :**Appendix I – record of previous decisions and total value of contracts

**Background Papers: None**

## APPENDIX 1

<b>Timeframe</b>	<b>Method</b>	<b>Total Service Value</b>	<b>Spend Breakdown</b>	<b>Funding Route</b>
01.02.20 to 31.03.20	Single tender waiver for under £100k to 3 providers	£78K	£63k split between 3 providers  £15k on discharge costs	Initial pilot under the Council's Adult Services Winter Plan Initiatives
01.04.20 to 30.09.20	Standing Order 12 (Covid waiver)	£263k	£234k split between 4 providers  £29k on discharge costs	Extension funded under the Clinical CCG and Council Covid resilience programme
01.10.20 to 31.03.21	Standing Order 12 (Covid waiver)	£302k	£236k split between 4 providers  £66k on discharge & staffing costs	Extension funded through SHCP mental health funding
01.01.21 to 31.03.21	Standing Order 12 (Covid waiver)	£133k	£113k split between 2 providers  £20k on discharge costs	Service enhancement funded by NHS England
01.04.21 to 30.09.21 (proposed)	Standing Order 12 (Covid waiver)	Up to £564k	£492k split between 5 providers  £72k on discharge & staffing costs	Extension funded through SHCP mental health funding