
Meeting: Social Care, Health and Housing Overview and Scrutiny Committee
Date: 07 April 2014
Subject: Mental Health Procurement
Report of: Dr Diane Bell, Director of Strategy and Redesign, Bedfordshire Clinical Commissioning Group
Summary: The report provides the Committee with the opportunity to comment on proposed models of care and plans for consultation.

Advising Officer: Dr Diane Bell (Director of Strategy & Redesign)
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

1. This report supports the promotion of health and wellbeing and protecting the vulnerable as it relates to the future of mental health services for the population of Central Bedfordshire.

Financial:

2. The procurement of Mental Health, Learning Disability and Child and Adolescent Mental Health Services is within four identified lots.
 - Lot 1 (Steps 1-3; primary care MH services) = £2,336,347,
 - Lot 2 (Steps 4-5; secondary care services= £29,266,031 BCCG and £1,894,578 Section 75 CBC , ,
 - Lot 3 (Rehabilitation and Recovery) = £1,178,917 BCCG, £255,131 Section 75 for CBC
 - Lot 4 (CAMHS) =£4,442,600 BCCG, £220,000 CBC

Legal:

3. The procurement process that is being completed is as advised by Attain, who provide procurement advice to Bedfordshire CCG, their processes and the documents to be completed during the procurement have all been assured by their legal advisors

Risk Management:

4. There is a Procurement Steering Group which is overseeing the process, with representation from all relevant parties, this group meets fortnightly. There is a risk register that is reviewed at each meeting; high risks are escalated to the Bedfordshire CCG's Delivering for Patients Board.

Staffing (including Trades Unions):

5. As part of the quality monitoring of all existing contracts, assurance on the communication of the process and the support for staff within organisations affected by this process has been requested and will be monitored through the contract monitoring meetings.

Equalities/Human Rights:

6. An Equality Impact Assessment has been completed for each of the projects identified in this paper. Due to the nature of these services, pathways to ensure the most vulnerable people are able to access support are key factors in the assurances requested from potential bidders. There is also a requirement to ensure that people with disabilities are not excluded from Mental Health services and reporting against the protected characteristics will be matched against demographic information through the contract monitoring.

Public Health

7. The procurement of mental health and learning disability services will support public health priorities in relation to mental health and improve the health outcomes of hard to reach communities. The outcome based specifications being developed will include public health outcomes and services will be monitored against these contractually.

Community Safety:

8. The procurement seeks to address current concerns for police and probation, working together with Mental Health services. These partnerships have been identified as a key outcome for the new service.

Sustainability:

9. Providing services that are more locality focussed should improve accessibility for people, no concerns regarding sustainability have been identified through the individual projects.

Procurement:

10. This paper is regarding the procurement process for Mental Health and Learning Disability Services and the details are included in the body of the report.

RECOMMENDATION(S):

The Committee is asked to provide feedback in relation to the level of engagement that has taken place and support the procurement as detailed in the report.

Current situation

1. In 2009, the decision was made to transfer the Mental Health and Learning Disability Services run by Beds and Luton Partnership Trust to an existing Foundation Trust in order to secure a sustainable future for the Trust and to ensure the provision of high quality mental health and learning disability services.

2. NHS England, in conjunction with NHS Bedfordshire and NHS Luton commissioners and Local Authority leads undertook an open procurement process to identify the most capable Foundation Trust to acquire the business and assets of BLPT and to provide the future services. South Essex Partnership Trust (SEPT) were awarded this contract in 2010. The contract has run for three years and is now in its fourth.
3. The contract with SEPT for the delivery of Mental Health and Learning Disability Services in Bedfordshire and Luton ends in March 2014.
4. Luton CCG has expressed a wish to have a sole contract going forward and have commenced their procurement process for Mental Health services with the aim of having their new providers delivering services in Luton by the end of October 2014.
5. The decision for procurement of Bedfordshire's Mental Health and Learning Disability Service was taken to the BCCG Governing Body on 4th February 2014 and an agreement to proceed was made. The procurement is being undertaken through four individual lots;
 - Steps 1-3 (Mental Health services in primary care, including counselling and Improved Access to Psychological Therapies)
 - Steps 4-5 (Mental Health services in secondary care)
 - Rehabilitation and Recovery
 - CAMHS

Central Bedfordshire Council agreed for their Section 75 for Mental Health services to be included in the procurement process.
6. SEPT have agreed to continue to deliver Mental Health and Learning Disability services from April 2014 for a further year, to enable the procurement process to be completed.

Development of a new model for Adult Mental Health Services

7. Over the last eighteen months, BCCG's Mental Health and Learning Disability Change Board has been managing a number of projects that will meet BCCG's strategic objectives, support the priorities within the Mental Health Strategy for Central Bedfordshire and develop new models for mental health and learning disability services for the people of Central Bedfordshire.
8. These projects have been managed in accordance with the Programme Board processes for BCCG. The projects are;
 - **Steps 1 – 3** Increased mental health support in primary care services, in order to provide appropriate treatment at the earliest point in a persons' mental illness and to increase the number of people accessing psychological therapies
 - **Steps 4 – 5** Five locality specialist integrated mental health teams that meet the needs of all adults with mental health needs in their area.
 - **Dementia** Specialist post diagnosis support for people with dementia and their carers
 - **Specialist Learning Disability Services** Increased access to mainstream services, focused specialist support integrated with Adult Learning Disability Teams and Crisis and in-patient care.

- **Autism** Provision of a local assessment, diagnosis and longer term support service for people with autism
 - **Rehabilitation and Recovery Services** A community team that works in a person centred way in supporting people to recovery through specialist interventions and additional support to access general services
9. BCCG has developed its Mental Health Strategic Objectives for 2013 -2016, which provide information on the proposed models for these services and these have now been published.

Stakeholder Engagement

10. Over the past two years, there has been a significant level of stakeholder engagement with patients, carers and other stakeholders regarding mental health services in Bedfordshire. During this engagement , key priorities were identified to improve mental health services;
- To commission services that help people to recover
 - To have a greater focus on prevention
 - To provide more employment support for people with mental health and psychological disorders
 - To simplify the structure of mental health services and the referrals process to make it easier to access support and treatment earlier
 - To increase the provision of talking therapies, including for children and young people, and reduce waiting times
 - To improve the physical health of people with mental health problems, and provide better mental health support for people with physical conditions
 - To ensure that everyone with a mental health problem has access to assessment, treatment and support from primary care mental health link worker with earlier access to help and intervention and improved communication with GP's.
 - To improve the transition from children's services.
11. In partnership with Central Bedfordshire, we have used the engagement forums to develop models for local services and these can be found as appendices (a) – (f). A full report on the engagement events and a summary of the information obtained from them is available at Appendix (f).
12. **Specialist Learning Disability Services**
- The first stakeholder events started in June 2012, this was followed by patient, carer and professionals questionnaires and further additional engagement with wider stakeholders. This included information provided to the Learning Disability Delivery Partnership and meetings with the provider. A further stakeholder event was held in December 2013, outlining the proposed model and this was also sent out to all stakeholders.
- The key things that people identified that they would like to change, included;
- Hours of work for services (increasing availability outside of 9-5pm)
 - Location of the service (currently based in North Bedfordshire and difficult to access)

- Length of time people stay in the service (some people staying for many years)
- Waiting times (reducing the wait for some key services)
- Difficulty in getting an appointment

Some of the things that people identified as working well and that they would like to keep included in the services were;

- Nurses at the hospital
- Health Facilitation Team
- Providing training and on-going support to staff
- Sensory services

The feedback we received has influenced the model in many ways. Examples of this include that The Health Facilitation Service and the Acute Liaison Nurses will remain in place within the new model, the accessibility of services has been considered and will be addressed by having a Central Bedfordshire Specialist Learning Disability Team and we will be working with the new provider to look at opportunities for locating this more centrally.

Rehabilitation and Recovery

13. In May 2013, a stakeholder event was held where there was representation for a wide audience again, including people who access the service, carers, the voluntary sector and providers. A further full stakeholder engagement was arranged for December 2013, but due to poor planned attendance this was moved to March 2014. In addition, through the Stepped Care Model Workshops (covering Steps 1-5), feedback has been sought in relation to this service.

The workshops were used to engage with stakeholders about the model and feedback on what made a good service included;

- A step up or step down care pathway
- Intensive package of support that reduces over time
- On-going pathway of recovery which doesn't stop once a service user is in the community
- Extra care housing
- Access to employment support
- Access to peer support
- Wellbeing centres
- Short term and medium term rehab beds.

The model that has been developed has been influenced by our engagement work and will be delivered through a three tiered approach, providing high support, medium support or standard support.

The proposed service will be delivered in partnership with other agencies, including supported housing schemes, employment, providers, and deliver a range of therapeutic interventions as well as providing peer support and work in a more person-centred way to support people to achieve their goals and to minimise the risk of relapse , as referral back to services will be possible.

Steps 1-3

14. There have been several workshops to review the proposed stepped care model and in addition, a couple of very focussed workshops to consider Steps 1-3. On 25/10/13 stakeholders were engaged in a number of key questions, including considering a Single Point of Access, referrals and triage;
- Stakeholders supported a single point of access, but wanted to understand how many calls that would mean and could it crash as a result. It was agreed that the single point of access for Steps 1-3 would not be the same as Step 4-5, so that the demand could be sustained.
 - People felt that being signposted to the right treatment was really helpful so fully supported the need for triage in the pathway. People also said that they wanted to be able to self-refer and this will be possible.

Steps 4-5

15. There have been several workshops to consider the proposed stepped care model and during a number of these, there has been discussion around key areas to help develop the proposed model. Some of the feedback and the actions taken as a result of these are as follows;
- People said that they felt safe when they were admitted to hospital but wanted more support when they were discharged. This will be achieved through the rehabilitation and recovery model of care being developed. Stakeholders questioned if detox beds should be in the mental health units and said that it could be quite disruptive for the other people on the ward.
 - Stakeholders wanted to have a crisis service for adults of all ages and this has been included in the model. People generally felt that there shouldn't be an adult and an older persons team as mental health wasn't about age, however the importance of expertise in Consultants for older people was recognised.
 - There was a mixed opinion about whether the functions of the Crisis Resolution and Home Treatment Team should be split or stayed together and so this will be explored further through the procurement dialogue.
 - There were a lot of views about people going to Accident and Emergency when they are in crisis, people understood why it was necessary, but felt that that they would like a quiet place to wait away from the waiting room. This will be fed into the strategic review that is taking place.
 - People raised concerns about the impact that Department of Work and Pension has on their mental health and this has been fed back into work streams within the local authority.
 - Stakeholders supported the role of Mental Health Link Workers in primary care but people felt that there should be more of them. This is being addressed within the model.
 - One stakeholder was concerned about splitting Children and adolescent Mental health Services from Adults. To ensure this doesn't fragment an individual's care pathway, the need for these services to work together has been included in the procurement process.

Dementia

16. The current dementia support, including Memory Assessment Services, are not affected by this proposal. There have been a number of workshops to consider how best to provide additional support people to live well with dementia. This has resulted in the proposal of a post diagnostic support service that supports people with dementia and their carers throughout the journey of dementia. The engagement has resulted in various changes to the initial project, including;

- Improving communication prior to appointments at the Memory Assessment Service
- Patients choosing which clinic they would like to be seen in and where they would like to receive their post diagnostic support
- Provision of emotional support as well as practical assistance

People who use the service also identified the following key areas as important to them:-

- Single point of contact
- Dementia nurses who offer proactive and on-going support throughout the journey of dementia
- Two way communication channels
- Timely information and support
- Moving Memory Assessment Services away from hospital setting

Development of a new model for Children's Mental Health Services

17. In addition, the Children's and Young Peoples' Change Board has been leading on the development of a model for Tier 3 Child and Adolescent Mental Health Services

In order to inform the development of a revised service specification and model of services delivery for tier 3 CAMHS, Bedfordshire Clinical Commissioning Group (BCCG) has undertaken a review of tier 3 CAMHS as currently provided and Public Health colleagues undertook simultaneous reviews of Tier 1 and 2 services

A significant level of engagement has already been carried out with service providers and other key stakeholder recently. This included questionnaires from GPs and Social Workers, individual interviews, focus groups.

Findings have been shared with The Acting Early, Reducing Poverty and Improving Health group (Central Bedfordshire) The Child Health and Wellbeing Group (Bedford Borough) the Children's Overview and Scrutiny Committee (Bedford Borough) and the Child and Maternity Programme Board (Bedfordshire Clinical Commissioning Group)

This review benchmarked current service provision against best practice models of service provision and national guidance. The review report has been completed and submitted to BCCG Executive Management Team and both OSC Committees it made a number of recommendations which include:-

- Develop a pathway of care across all tiers to ensure coherent patient journey across providers and tiers. This should include Tier 4 specialist commissioning.

- Develop a Single Point of Access and communicate to users and professionals how it works. Ensure that they can refer in an appropriate manner. It was reported that for a Single Point of Access to operate effectively, the professional would have to be appropriately trained, skilled and knowledgeable.
- Explore reducing waiting times from referral to assessment and assessment
- The length of treatment should be reduced thus allowing new referrals to be assessed, treated and discharged quickly
- More outreach work is required based on consultation with children and their families/carers, as well as asking questions at the beginning of their initial assessment about what their needs are in terms of location and timings. This should include exploring options of using alternative venues e.g. GPs surgeries/Health Centre, School, home and community venue (e.g. local Children's Centre) etc.
- Having agreed our vision and strategic priorities and undertaken a comprehensive review of current services the scope of this project is to design and procure a service that meets the needs of children and delivers the interventions required.

The project will have the following objectives :-

To reduce inequalities. By having one contract with one lead and one service specification across tiers 2 and 3, the aim will be to reduce current inequalities.

To improve Access. Waiting times are currently different for each provider and up to 16 weeks for specialist CAMHS and 12 weeks for CHUMS. The new service will have waiting times targets of 6 weeks for non-urgent cases. Access thresholds and referral information are also different or differently interpreted. There are gaps in some aspects of provision. The revised model will offer a single point of access for all CAMHS (tiers 2 and 3)

To improve outcomes.

18. Current outcome measures and reporting is not consistent across providers and is poor for specialist providers. This means that it is difficult to measure outcomes in all services and to compare effectiveness. A single outcome measure will be consistently used across all levels of service as part of an outcome measure framework. However BCCG are interested in obtaining the views and feedback from children and young people to ensure our future procurement of mental health services for children and young people are appropriate and responsive to their needs.

A formal consultation will run for one month between 10th March and 11th April 2014. Questionnaires for Children and young people and for parents/carers will be distributed, in hard copy and available online. A number of focus groups will also take place with service users and with specific target groups such as Looked After Children In March/April 2014.

Background papers and their location: (open to public inspection)

BCCG Mental Health Strategic Objectives
<https://www.bedfordshireccg.nhs.uk/page/?id=3713>

Central Bedfordshire Mental Health Strategy [DRAFT Central Bedfordshire Council Joint Commissioning Strategy for Mental Health Services](#)

Appendices

Appendix A – Stepped Care Framework

Appendix B – Proposed Stepped Care Model for Mental Health Services

Appendix C – Proposed Model for Specialist Learning Disability Services

Appendix D – Proposed Model for Rehabilitation and Recovery Services

Appendix E – Autism Pathway

Appendix F – Stakeholder Engagement Report

Appendix G – CAMHS Tier 1 & 2 review

Appendix H – CAMHS Tier 3 review