



*Although a formal committee of Brighton & Hove City Council, the Health & Wellbeing Board has a remit which includes matters relating to the Clinical Commissioning Group (CCG), the Local Safeguarding Board for Children and Adults and Healthwatch.*

**Title: The Commissioning of Mental Health Support Services**

Date of Meeting: 12 June 2018

Report of: The Executive Director, Health & Adult Social Care

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Wards Affected: All

### **FOR GENERAL RELEASE**

#### **Executive Summary**

This report outlines the proposed joint Clinical Commissioning Group and Brighton and Hove City Council commissioning of non-clinical Mental Health Support services. It provides an overview of the new service model to be commissioned, the proposed delivery model for services and the proposed timescale for the commission.

The Mental Health Support Services are required to meet a broad range of mental health and wellbeing needs including:

- Services to promote wellbeing and prevent mental ill-health,
- Mental health and suicide awareness/first aid skills for frontline staff and volunteers,
- Support to those with common mental health issues (i.e. anxiety and depression), and more severe mental illness (e.g. psychosis), and
- Targeted support for those vulnerable or at risk of mental ill health including protected characteristic groups and those at risk of suicide.

The new service model of mental health support is informed by national and local strategy, initial findings of a Rapid Needs Assessment and Service User and Provider consultation events. The proposed new model is a Community



Connections model of support.

The aim of the model is to improve health and wellbeing outcomes through improved access and navigation to support, making it easier to find services and reducing any fragmentation in support pathways, providing early help and interventions to prevent issues of mental ill health and to extend pathways to community support ensuring smooth transitions between support services.

A wide range of support and activities will be included within the Community Connections model to meet the mental health support needs of the city.

To deliver this co-ordinated model of support commissioners will be seeking to contract with a single Lead Provider but with the expectation that service delivery will be achieved by a number of providers to ensure responsive service delivery, reach to protected characteristic groups and to maximise social value.

The Lead Provider delivery model is a change from current contracting where Brighton and Hove City Council and Clinical Commissioning Group hold a number of contracts (16) for mental health and wellbeing support.

Providers will be required to work differently and more collaboratively to deliver the new model of care.

In order to support potential bidders with developing this model, further market testing with providers will be undertaken during June-July 2018, prior to the release of tender in August 2018.

**Glossary of Terms – see Appendix D**

## **1. Decisions, recommendations and any options**

- 1.1 The purpose of this report is to seek approval from the Health and Wellbeing Board for a joint Clinical Commissioning Group and Brighton and Hove City Council tender for non-clinical Mental Health Support Services. The proposal was taken to the Procurement Advisory Board on 30<sup>th</sup> April.
- 1.2 The Health & Wellbeing Board are requested to note the proposed model for future Mental Health Support services and the recommended delivery model for a lead provider to oversee service provision.

- 1.3 That the Board grants delegated authority to the Executive Director of Health & Adult Social Care to carry out the procurement and award of a contract for a Non Clinical Mental Health Support Service with a term of four years.
- 1.4 That the Board delegates authority to the Executive Director of Health & Adult Social Care to extend the contract at the end of the four year term for a further period of up to two years if it is deemed appropriate and subject to available budget.

## 2. Relevant information

### Introduction

- 2.1 Mental health is defined by the World Health Organisation as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” (WHO 2003, *Mental Health a State of Wellbeing*)<sup>1</sup>.
- 2.2 The impact of mental ill health is well evidenced and is associated with a number of significant health and care inequalities:
  - Mental ill health is responsible for 23% of the total burden, compared to 16% for cancer and 16% for heart disease (WHO Global Burden of Disease Report)<sup>2</sup>.
  - There is a 10-25 year life expectancy reduction in patients with severe mental disorders (*Reducing the Mortality Gap in People with Severe Mental Disorders: the Role of Lifestyle Psychosocial Interventions*)<sup>3</sup>. The vast majority of these deaths are due to chronic physical medical conditions such as cardiovascular, respiratory and infectious diseases, diabetes and hypertension.
  - Suicide mortality rates among people with schizophrenia are 2 to 2.5 times higher than the general population (*Exploring the Increased Mortality Rate in Schizophrenia*)<sup>4</sup>

### Local Demographics

- 2.3 Brighton and Hove has a high level of mental health need with local prevalence rates higher than the national average for both common mental health conditions (e.g. anxiety and depression) and severe mental illness (e.g. psychosis, bipolar) and a 2% increase in the prevalence of complex mental health conditions is expected by 2020-2025<sup>5</sup>.

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<sup>1</sup> [http://www.who.int/features/factfiles/mental\\_health/en/](http://www.who.int/features/factfiles/mental_health/en/)

<sup>2</sup> World Health Organization (2008). Global burden of disease report. WHO.

<sup>3</sup> <https://www.frontiersin.org/research-topics/7252/reducing-the-mortality-gap-in-people-with-severe-mental-disorders-the-role-of-lifestyle-psychosocial>

<sup>4</sup> <https://www.platformqhealth.com/2018/01/25/exploring-increased-mortality-rate-schizophrenia/>

<sup>5</sup> Taken from Public Health Rapid Needs Assessment 2018

2.4 The city also has a number of associated high risk factors including:

- The second highest rate of homelessness in the country (*Ministry of Housing, Communities and Local Government, Rough Sleeping Statistics Autumn 2017, England [Revised]*<sup>6</sup>)
- Higher than average levels of self harm (PHE Fingertips Report, Self Harm)<sup>7</sup> and
- Currently the fifth highest rate for deaths by suicide (National Comparisons, Suicide, PHE Fingertips)<sup>8</sup>

**Table 1: Local prevalence rates<sup>9</sup>**

Depression & Anxiety prevalence GP Patient Survey 18+	18.3% compared with 13.7% (2016-17) <sup>10</sup>
Serious Mental Illness Prevalence as recorded by QOF on GP Practice Registers (all ages)	1.25% of our population compared with 0.92% in England (3,780 people, 2016-17) <sup>11</sup>

### Commissioning Aims

2.5 Through the tender for non-clinical mental health support commissioners aim to secure a broad range of support contracted through a Lead provider model.

The vision for future mental health support services is for:-

*“a strong collaborative and co-ordinated network of support which promotes mental health and wellbeing, builds resilience, supports recovery, empowering people to manage their health and wellbeing, and that connects and reconnects individuals with strong and effective community support”.*

### Overview of service model

2.6 A Community Connections network model is proposed. The model has been informed by national and local strategy (Appendix A) the initial recommendations of a Public Health Rapid Needs Assessment and a wide range of stakeholder views (Appendix B)

<sup>6</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/682001/Rough\\_Sleeping\\_Autumn\\_2017\\_Statistical\\_Release\\_-\\_revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/682001/Rough_Sleeping_Autumn_2017_Statistical_Release_-_revised.pdf)

<sup>7</sup> <https://fingertips.phe.org.uk/search/self%20harm>

<sup>8</sup> <https://fingertips.phe.org.uk/topic/suicide-prevention/comparisons>

<sup>9</sup> Source: Based on application of 17.2% CMHD profile tool estimated prevalence for 16-74 year olds to ONS 2012 Population Projections for 18 and over. Applying the higher Public Health England (PHE) CMHD tool prevalence of 17.2% for CMHD in Brighton & Hove

<sup>10</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/common-mental-disorders/data#page/4/gid/1938132720/pat/46/par/E39000035/ati/153/are/E38000021/iid/90647/age/168/sex/4>

<sup>11</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness/data#page/4/gid/8000030/pat/46/par/E39000035/ati/153/are/E38000021/iid/90581/age/1/sex/4>



- 2.7 The Community Connections service will provide a broad range of non-clinical mental health and wellbeing support to meet local need from: raising awareness of mental health and promotion of mental health, early help and prevention, support to engage with treatment and during treatment and recovery services for those with more serious illness.
- 2.8 With a strong community presence and approach the Community Connections service will promote and champion mental health and wellbeing in the city, to reduce stigma and health and care inequalities.
- 2.9 The service will offer individuals choice through its range of support and interventions and through its pathways and connections to wider community and universal support services.
- 2.10 Pivotal within the mental health wellbeing and recovery pathways the Community Connections service will provide a clear point of access to non-clinical community mental health and wellbeing support for service users and referrers.
- 2.11 The service will work proactively and collaboratively with city partners including clinical services (GPs, primary and secondary mental health services) to develop integrated and comprehensive pathways to support. The support delivered will be non-clinical and will complement that provided by the clinical services.

Support will focus on helping individuals to manage life stressors, build confidence and resilience, develop self-management skills, and connect/ reconnect with strong and effective community support.

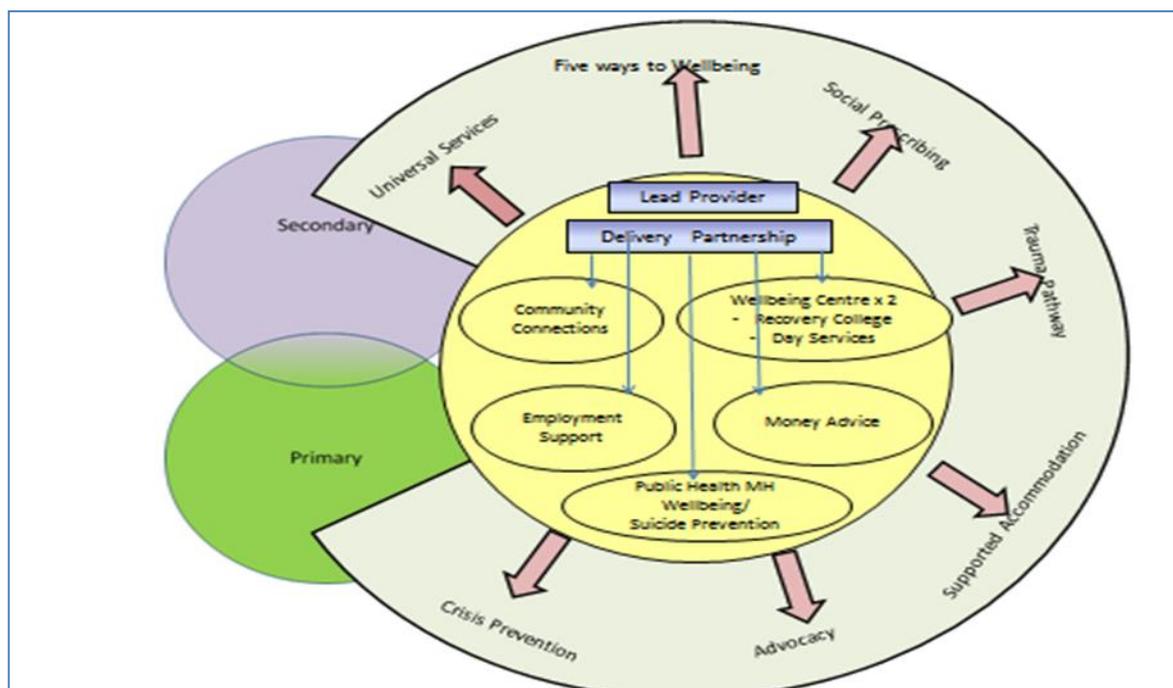
Targeted interventions will ensure reach to protected characteristic groups and those who are more vulnerable and at risk of mental ill-health. The service will also deliver targeted interventions to those who are known to be at more risk self-harm and/or suicide.

The provider will be required to ensure accessibility of services and will provide transport to support access where appropriate.

The new model will deliver a range of services and interventions (*see Appendix C Specified Services*) these will include:

- mental health awareness and promotion,
- suicide awareness and prevention interventions
- early help and prevention interventions,
- psychosocial and targeted support to vulnerable and high risk groups
- wellbeing centres including a specialist centre for those with complex needs,
- An Individual Placement Support model of Employment support and
- Money advice.

Diagram 1 – Community Connections Model



To deliver the Community Connections model commissioners will be seeking to contract with a single Lead Provider with the expectation that service delivery will include a number of providers to ensure responsive and appropriate service delivery and reach to protected characteristic groups.

Proposed timescales for the tender are shown in Table 2 below.

**Table 2 Timescales for Tender**

Task	Date
CCG Commissioning Operations Meeting approval for delivery model	20 <sup>th</sup> March 2018
BHCC DMT approval for procurement	12 <sup>th</sup> April 2018
Joint BHCC & CCG Procurement Advisory Board Meeting	30 <sup>th</sup> April 2018
Joint BHCC & CCG Paper to Health and Wellbeing Being Board	12 <sup>th</sup> June 2018
CCG Commissioning Operations Meeting approval of specification	19 <sup>th</sup> June 2018
Issue Tender	15 <sup>th</sup> August 2018
Tenders returned	14 <sup>th</sup> October 2018
Evaluation/Moderation	16 <sup>th</sup> October 2018 – 16 <sup>th</sup> November 2018
Award of contracts	16 <sup>th</sup> November 2018
Standstill Period	16 <sup>th</sup> November 2018– 31 <sup>st</sup> November 2018

Contract Mobilisation	16th November 2018–31 <sup>st</sup> June 2019
Start of new contracts	1 <sup>st</sup> July 2019

### 3. Important considerations and implications

#### 3.1 Legal:

- 3.1 The council's contract standing orders require that authority to enter into a contract valued at £500,000 or more be obtained from the relevant committee which in this instance is Health & Wellbeing Board.
- 3.2 Schedule 3 of The Public Contracts Regulations 2015 will apply to the procurement of the new contract for mental health support services and the contract must be awarded in accordance with Section 7 of the Regulations. The council is required to advertise the contract by way of a PIN or contract notice published in the OJEU setting out the process by which it is intended to award the contract.
- 3.3 The tender process conducted must be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators bidding for the contract.

Lawyer consulted: Isabella Sidoli

Date: 30/05/18

#### 3.2 Finance:

The table below reflects the funding currently available for the Mental Health Support Services per annum:

CCG	BHCC (HASC)	Total
£1.699m	£0.409m	£2.108m

Of the £0.409m funding within Brighton & Hove City Council, £0.270m is within Public Health and £0.139m is within Health & Adult Social Care.

The CCG funding currently totals £1.699m per annum, across various contracts, but at this stage the CCG are unable to confirm this beyond 2018/19.

Tenders will be requested against an agreed service specification. Both BHCC & CCG are experiencing financial challenges and both organisations are subject to annual government financial settlements which can impact on the availability of funding. However it is anticipated that financial resources will be available to enable the commissioning of the service.

Finance Officer consulted: Sophie Warburton and Debra Crisp  
Date: 30/05/2018

### **3.3 Equalities:**

A full Equality Impact Assessment is being completed and this is to be informed by the Public Health Rapid Needs Assessment to ensure full consideration of any impact on protected characteristic groups, neighbourhoods and other equality issues with the recommission

Equalities officer consulted: Sarah Tighe-Ford Date: 25 May 2018

## **Supporting documents and information**

**Appendix A:** Summary of relevant national and local strategy

**Appendix B:** Key Themes from Patient/Public and Provider Engagement  
Consultations 2017-2018

**Appendix C:** Service Overview

**Appendix D:** Glossary