

Mental Health Integrated Pathway

Joint Mental Health Project Summary

13/07/2015

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Joint Procurement of Mental Health Services

This presentation summarises a new joint project of NHS Herefordshire CCG and Herefordshire Council to develop a joint, all ages, integrated pathway for mental health services and sets out a timeline based upon a commencement date of 1st April 2017 for the new services.

The project recognises the central importance of mental health in the Health and Wellbeing strategy and builds on the engagement undertaken to complete the mental health needs assessment, all ages mental health strategy and Children's and Young People's Plan.

The core aim of the project is to integrate services across care, health and public health to deliver much better outcomes for Herefordshire service users and to increase prevention of mental illness.

Workshops with commissioners are now taking place to develop the joint objectives of the project, the scope of the project and the outcomes required for services users.

The objectives and outcomes are very much based on the perspective of service users and their needs and will be tested with a reference group of stakeholders.

The scope of the project will likely involve a core procurement with programmes of phased work "wrapped around" that core. Some services or opportunities may not be included in the procurement process, but may be developed alongside the procurement process with key timelines relating to the procurement process.

Joint Procurement of Mental Health Services

Draft Strategic Aims:

The project should deliver a joint pathway for contracts for mental health and emotional wellbeing services in Herefordshire such that within available resources they demonstrably:

- Support service users to have the best possible mental and physical health.
- Meet service users' needs such that they
 - are able to function in their daily lives;
 - can get assessment and support where and when they need it;
 - experience seamless transitions and teams that work together to meet their needs;
 - are supported to recover and remain well; and
 - are supported at the end of life if such support is needed.
- Involve service users in decisions about their care such that they are
 - listened to and their views are taken into account; and
 - treated as a person not a diagnosis or collection of conditions.
- Enable service users to be open about their condition if they want to be.
- Support carers in in their caring role.
- Build capability and capacity in other partners / providers

Joint Procurement of Mental Health Services

Draft Strategic Aims for Integration:

Combining the commissioning strength of the two organisations to procure new integrated mental health services should:

- Design services around the joint mental health needs assessment;
- Target services to give the greatest impact on outcomes;
- Avoid duplication of services;
- Ensure value for money, efficiency and effectiveness;
- Develop co-ordinated services;
- Remove barriers between health and social care services;
- Share best practice;
- Share expertise; and
- Share intelligence about needs

Project Proposed Timeline- Outline

The Broad Phases of a project are:

- April 2015 to October 2015-
Initiation, Design and Development Phase
- November 2015 to September 2016
Procurement Phase
- October 2016 to March 2017
Mobilisation and Transition Phase
- 1st April 2017
New Contract Commences

A contract model that is outcomes-based and supports integration with other services is likely to benefit from a procurement route that includes some form of dialogue / negotiation with prospective providers.

This initial illustrative timeline is based upon a procurement route involving dialogue. All permissible procurement routes will be explored as part of the preparation phase of the project before a final recommendation is made.

This timeline requires an extension of current contracts with 2gether NHS FT of 12 months.

Project Proposed Timeline- Summary Workstreams

New Mental Health Contract Draft Timeline- Competitive Procedure with Negotiation			2015					2016					2017				
			Phase One- Preparation					Phase Two- Procurement					Phase Three- Mobilisation			Contract Live	
Project Workstreams	Duration of Work	Deadline (From 1st April)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
A Governance Structure & Project Plans	2 Months	2 Months	■	■													
B Project Scope	2 Months	2 Months	■	■													
C Draft Outcomes & Weighted Indicators	5 Months	5 Months	■	■	■	■	■										
D Analyse Existing Contracts & Budgets	1 Month	1 Month	■														
D Engage with Current Providers	7 Months	7 Months	■	■	■	■	■	■	■								
E Draft New Finance & Activity Model	6 Months	6 Months	■	■	■	■	■	■									
F Market Analysis & Engage with Prospective Providers	7 Months	8 Months	■	■	■	■	■	■	■								
G Draft Commercial Model & Payment Mechanism	5 Months	6 Months	■	■	■	■	■										
H Develop Procurement Model	7 Months	7 Months	■	■	■	■	■	■									
I Issue Contract Advert and Invite Expressions of Interest	1 Month	8 Months							■								
I Invite Interested Providers to Submit Initial Tenders	10 weeks	12 Months								■	■	■					
I Negotiation Phase with Successful Providers	10 Weeks	14 Months									■	■	■				
I Invite Providers to Submit Final Tenders	2 Months	15 Months												■	■		
I Recommendation & Governing Body Approval	1 Month	16 Months															
I Negotiate And Agree Contract with Preferred Provider	2 Months	18 Months															
I Mobilisation Period	6 Months	24 Months															
I New Contract Begins		24 Months															■

Project Governance:

Key roles within project governance structure

HCCG Governing Body and Herefordshire Council will retain ultimate responsibility for approval at key points.

Joint Commissioning Board will have delegated authority to oversee implementation of the project.

A specific Project Board will lead the project and approve the outputs of each workstream of the project.

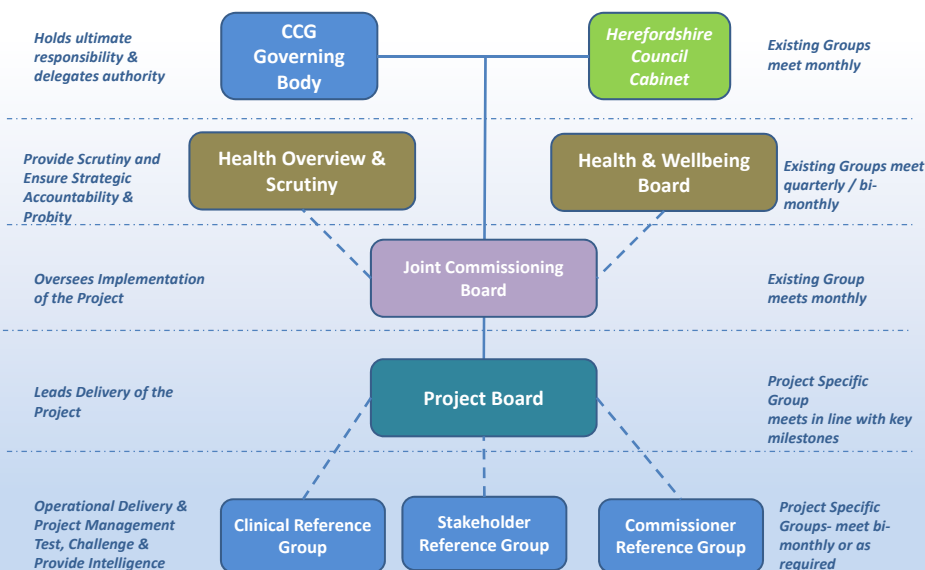
The governance structure diagram provides an overview of this proposed governance structure, and an outline of the key roles of each group are described below.

Project groups and workstreams will be accountable to the Joint Commissioning Board through the Project Board.

The membership of each group has been proposed to ensure appropriate input of key stakeholders.

<p>Mental Health Procurement Project Board</p> <p>Leads delivery of the project. Provides oversight and quality assurance on delivery of programme</p>	<p>Reference Groups- Stakeholder / Commissioners / Clinical</p> <p>Provides advice and input into project deliverables, aligns project with strategy and stakeholder requirements</p>	<p>Mental Health Procurement Project Team</p> <p>Provides overall project management, coordination of input from other individuals and groups as required. Provides day-to-day decision making, escalating where required</p>
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Project Governance Structure Diagram:



Project Governance- Project Board Membership:

Role	Officer
Senior User	Hazel Braund CCG Director of Operations
Senior Supplier	Phillip Shackell Herefordshire Council
Senior User	Role shared by Commissioning Leads
Clinical Lead	Dr Simon Lennane CCG Lead for Mental Health
Stakeholder Lead	Diane Jones MBE CCG Lay Member for Public & Patient Involvement
Project Manager	Adrian Griffiths CCG Head of Commercial Development

Project Governance- Project Board Membership:

Role	Officer
Adults Wellbeing Commissioning Lead	Ewen Archibald
Children's & Young Peoples Commissioning Lead	Frankie Green
Health Commissioning Lead	Jade Brooks
Adults Public Health Commissioning Lead	Phillip Shackell
Children's Public Health Commissioning Lead	Andrea Westlake
Housing Commissioning Lead	Tina Wood
Education Commissioning Lead	TBC
Employment Commissioning Lead	TBC

MH Needs Assessment Outcomes

1. I will live for longer with good health
2. Services meet my needs
 - a) I am able to function in daily life
 - b) I can get assessment and support where and when I need it
 - c) Transitions will be seamless and teams will work together
 - d) Services support me to recover and remain well
 - e) Service support me at the end of life if I need it
3. I am involved in decisions about my care
 - a) I am listened to and my views are taken into account
 - b) I am treated as a person, not a diagnosis or collection of symptoms
4. I am able to be open about my mental health condition if I want to be
5. Carers are supported in their caring role

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NHS IQ Outcomes

1. People can look after themselves and each other
2. People will recover and / or remain well for as long as possible
3. People feel involved in decisions about their care and support
4. The public are confident that resources are used appropriately and effectively

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