Meeting:	**NHS Brighton and Hove** **Board Meeting**
Item no:	**032/11**
Date:	**22 March 2011**
Board Sponsor:	**Claire Quigley, Director of Delivery**
Paper Author:	**Margaret Cooney, Mental Health Commissioner**
Subject:	**Market testing the primary care mental health service for adults in Brighton and Hove**

1 Summary and context

1.1 In response to evidence and feedback about the quality and level of mental health services in primary care, the decision was made to redesign a primary care GP-led mental health service.

1.2 The service description in Appendix 1 has been reviewed and approved by clinicians, including the emerging transitional GP consortium. The model has been developed with all key stakeholders and includes consultation with users and carers, the public, the local authority and clinicians, including staff in secondary care.

1.3 The plan for tender the service was discussed and agreed by the PCT Procurement Governance Committee in September 2010. The service will be tendered in four separate elements. Bidders will be invited to bid for individual elements of the service, including all elements or any combination of the service elements. The service is due to be market tested/tendered between April and September 2011.

2 Recommendations

The PCT Board is asked to support and approve the market testing/ tendering process for the new service model.

3 Relevant background information

3.1 Commissioning a new primary care mental health service was made a priority for NHS Brighton and Hove commissioners in 2009. To enable this, a redesign phase took place between March 2010 and March 2011. The consultation phase has been ongoing since 2009; however more detailed consultation on the shape and detail of new services was undertaken between September 2010 and January 2011.

3.2 The service consists of four distinct service elements and reflects national policy and guidance including IAPT, NICE and the 'No Health

Without Mental Health' strategy. The four services are:

1. **Primary Care Mental Health Practitioners** – qualified health professionals providing comprehensive mental health assessments and time limited case management
2. **Primary Care Mental Health Support Workers** – providing low intensity psychological interventions and practical support to clients
3. **Talking Therapies service** – providing high intensity psychological interventions and specialist groups for long term conditions
4. **Talking Therapies Referral Management Hub** – providing a Choose and Book service, quality assurance and knowledge management for the Talking Therapies service.

3.3 The redesign has been driven by clinicians and users and supported by the NHS, the Health Overview and Scrutiny Committee (HOSC) and the Adult Social Care and Health Joint Commissioning Board.

3.4 Performance management of the new services will rest with the PCT/GP consortium. The GP locality bi-monthly meetings will review their referral and capacity which will allow GPs at the locality level to make local commissioning decisions.

3.5 The financial envelope for the commissioning is being finalised and agreed with Sussex Partnership NHS Foundation Trust and it is anticipated that the cost of the new service will be within the financial context of the 2011/12 Annual Operating Plan.

3.6 In addition, a second phase is being proposed to redesign a community mental health support services through recommissioning a number of voluntary sector contracts in the future. This proposal has support from the Joint Commissioning Board. Recommissioning these services is considered important by GPs, however there is recognition that further agreement is required on how this investment can be used to complement primary and secondary care mental health services. It is proposed that a more detailed plan will be agreed by Brighton and Hove City Council and NHS and represented to the Joint Commissioning Board and the Board of NHS Brighton and Hove.

4 Link to strategic objectives

The redesign links with the objectives in the commissioning intentions in the mental health strategy

4.1 Be the leading advocate for health and healthcare in the city

The delivery of this new service will increase capacity and level of service in the city for people with a mental health problem and meet PCT strategic objectives

4.2 Improve health and reduce health inequalities

The model is based on meeting local need and improving mental health and well being in the city.

4.3 Increase service quality and choice

For the Talking Therapies services, the Hub will be responsible for increasing a choice of where and when services are available. All new contracts will be required to have evening and weekend appointments available.

4.4 Increase people's confidence in, and engagement with, the NHS

Based on three years of consultation and engagement, failing to redesign mental health primary care services is a risk to the reputation of the PCT.

4.5 Manage resources effectively

All new contracts will be based on offering improved throughput for clients, reduced use of secondary care services and improved outcomes for patients. The new service will be managed within the agreed financial envelope.

5 Link to corporate considerations

Redesign of primary care supports GP led commissioning.

5.1 Governance and legal

Governance arrangements for all new contracts will be in line with NHS requirements and will be influenced by new arrangements being developed through the new shadow GP consortium.

5.2 Equalities

The Equalities Impact Assessment has been carried out. Key groups were identified that traditionally either need support to access their GP for mental health problems and those high risk communities in the city. Improving access to services via the GP will lead to increase in access to services.

5.3 Consultation

Consultation on the new model took place between September 2010 and February 2011. Prior to this there was a number of events to review and plan new services. These took place with the public, users and carers, providers and clinicians.

5.4 Risk management

This tendering processes highlighted as a risk on the PCT's Corporate risk register.

6 Appendices

Appendix 1. Primary Care Mental Health Services Brighton and Hove
The Service Description

Appendix 1

Primary Care Mental Health Services – Brighton and Hove

The Service Description

Primary Care Mental Health Services – Brighton and Hove

1. Purpose of the Service

The Brighton and Hove Commissioning Mental Health Plan[1] identified key outcomes, which include:

- Provision of services based on need;
- Provision of effective treatment pathways including access to all levels of psychological therapy;
- More primary care and community care support.

The vision is to:

- commission services to meet [mental health] needs at an early stage, effectively and, if possible, in a community setting.

Commissioners have worked closely with GP leads in the city to develop a model for primary care services that would improve access to services and allow for a range of skills and support services to be available outside of secondary care. The model consists of four distinct service areas that can be either bid for separately, in combination, or as a whole.

The four elements are:

1. **Primary Care Mental Health Practitioners**

   To provide specialist support from experienced mental health professionals, completing comprehensive mental health assessments (including complex needs), assessment for Talking Therapies, advice to GPs on treatment options, time limited case management, referral to secondary care secondary mental health services according to clinical need and community support services where needed.

2. **Primary Care Mental Health Support Workers (based on IAPT steps 1 and 2)**

   To provide psychological interventions for low to moderate anxiety and depression. Provides both on a one-to-one basis and in groups; provides case management and one-to-one practical support to patients who need help with other aspects of their life, e.g. housing, vocational support.

[1] Transforming Mental Health: Commissioning Mental Health Services for adults in Brighton and Hove 2010 –2013

Provides an assessment for Talking Therapies, including for individuals not accessing Talking Therapies directly via their GP.

3. A Talking Therapy Service (based on IAPT step 3) including CBT groups for physical health conditions

To provide high intensity psychological interventions including CBT and counselling for anxiety and depression disorders. The service will provide one-to-one therapies and CBT groups for individuals with moderate to severe depression and who have long term physical health conditions and/or medically unexplained symptoms.

4. A Referral Management Hub for accessing the Talking Therapy Services

To provide a referral management system for the Talking Therapies service. It will provide GP practices and the GP consortium with referral data and service outcomes of the Talking Therapies service, and ensure governance requirements of the service are being met.

2. The local needs

Brighton and Hove has a high need for mental health services with a large number of people at risk of mental health problems. Based on national survey data, it is estimated that up to 28,177 people in the city aged between 18 and 64 years have a common mental health disorder, most commonly anxiety and depression (JSNA[2]). Based on national estimations, up to 1 in 6 people have anxiety and depression and this equates to 42,666 people. We also have two specific populations that we know have high risk of common mental health problems and these are the LGBT community and our older people. The Primary Care Mental Health service provider/s will need to demonstrate that they have the skills and knowledge to work with both these populations on an outreach basis as well as prioritise early intervention services.

The Brighton and Hove Mental Health needs assessment has indentified a growing demand for psychological therapies. More people are expressing a preference for talking therapies over medication and nationally there is increasing recognition of the evidence of effectiveness of psychological therapies. This is reflected in recent NICE guidance for treating mild to moderate needs. Within this context, a key focus on this redesign is to increase the capacity in the talking therapy service as well as provide a wider range of skills across all teams.

[2] Brighton and Hove City Wide Needs Assessment Health and Wellbeing JSNA Summary 2011

3. Developing the model

Over the past year, Commissioners and Sussex Partnership NHS Foundation Trust worked on improvements in access to services and on access to talking therapies, however it was clear for GP's that they wanted primary care mental health services that were delivered closer to their practice and provided service that help them to manage people outside of secondary care whilst ensuring timely access to secondary care when needed.

Commissioners have consulted with services users and carers, clinicians, the public and with GP's. The list of consultations is in appendix 1. Through these discussions the new model was developed and was divided into the following four areas. It is thought that these four areas would open the market and invite new innovative ways of delivering a primary care service. GP's and commissioners are clear that all services, irrespective of the provider, must be provided along an integrated pathway and be answerable to the Commissioners.

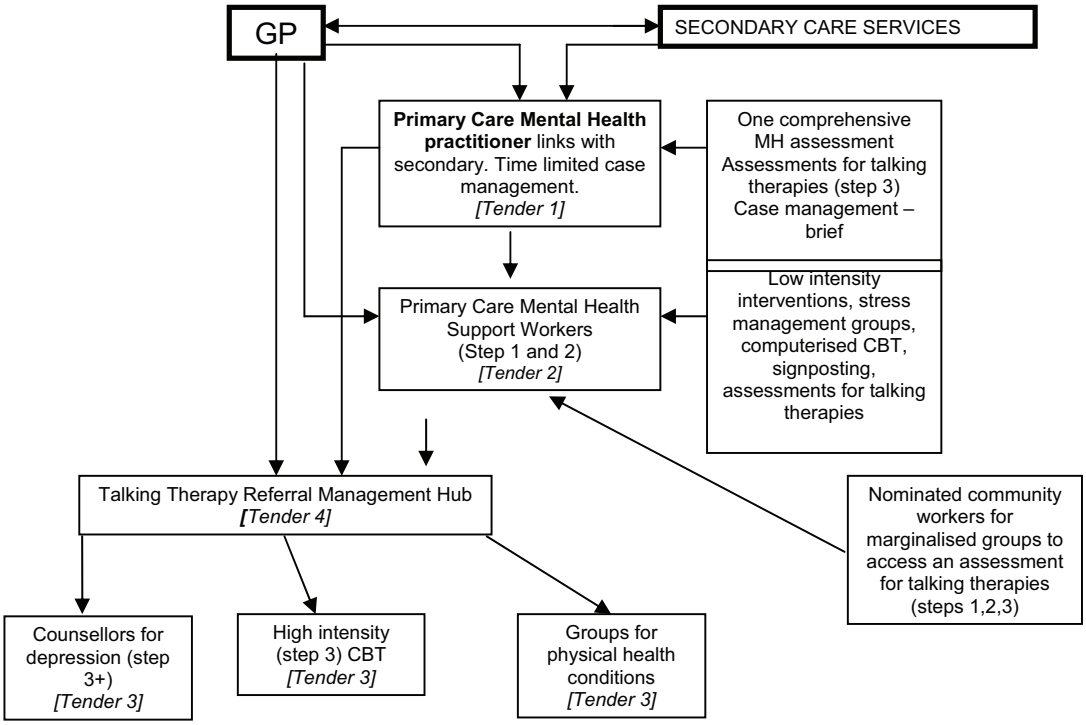
This redesign has been driven by GP's and users and there are clear statements from both. GPs want to be able to manage the range of services available in the city for their patients with mild to moderate mental health needs and to be clearer about what is available and what areas need development. Users want a service that is based on what their GP want, one that they do not have to wait to long for and to have more information and knowledge about what is available and when and where they can go to get it.

4. The model

As explained above we want a range of options in primary care that meet needs earlier and prevents people from being referred to secondary care services unless necessary.

The diagram below shows the pathways in primary care. There are four main areas:

1. The Primary Care Mental Health Practitioners
2. The Primary Care Mental Health Support Workers
3. The Talking Therapy Service
4. The Referral Management hub for Talking Therapy Services



The model focuses on increasing the range of skills and services in primary care so we can:

- Identify needs earlier
- Provide a service earlier
- Reduce the referrals to secondary and specialist care
- Reduce a culture of over assessing people and
- Increasing the use of a holistic approach to addressing mental healthy needs

This is supported by the national mental health strategy launched in 2011 called No Health without Mental Health [3] which supports the need for early intervention and managing physical and mental health needs together.

The four elements need to work as an integrated pathway with links with secondary care services. Each service will need to work across the pathway and this will be agreed in the contracts.

Individual service specifications will set the outcomes for patients and the role of staff as well, as the capacity required.

[3] Mental Health Strategy: No health without mental health : A cross – government mental health outcomes strategy for people of all ages. HM Government February 2011

Capacity will need to be realistic. The demand has been based on the needs assessment, local referral rates and on GP intelligence regarding the needs of their patients. A key success factor will be increasing the referrals for individual surgeries to the Talking Therapy service.

All services will need to work with secondary care and in particular the new assessment and treatment Hubs being designed in Sussex Partnership Foundation NHS Trust. Key to the success for primary care services will be agreeing the formal links between clinicians, especially the GPs, the Primary Care Mental Health Practitioners and the secondary care clinicians and in particular the psychiatrists. Informal links will be encouraged.

The NICE guidelines for depression in adults support the "stepped care model" which rates psychosocial interventions into "low intensity" for subthreshold and mild depression, and "high intensity" for moderate to severe depression. . A change in this new model is the separation of the **community support worker role (step 2 interventions**) and the **one to one therapists. (step 3 therapy)**Talking Therapy Service. This separation was based on comments from clinicians that they wanted the community support role to be working more closely with the mental health practitioner and to be outward focused on working with local communities. Local referral data showed a poor level of referral from GPs and it is through this redesign that we are wishing to boost this role and to make it a highly attractive part of the system for GP's and others to refer into.

The **Talking Therapy service** will provide one to one interventions including CBT and counselling as required in NICE guidelines. Assessments will be made by GP's and the primary care teams. The referral pathway will be via a Talking therapy referral management Hub which will be used to review demand and access to this service. The Hub will be accountable to the GP's at the locality and consortium level and will provide real time data solutions for access to this service.

A new service being included is a **CBT service for people who have a physical health conditions** and anxiety and depression. This is a service that GPs were keen to include and will use the first year as a pilot. It will be provided in collaboration with the local acute provider and the community health services. Key areas will be agreed by GPs however it is likely that there will be groups for diabetes, COPD and post natal depression.

This redesign fits with the new plans for Talking Therapies launched with the new mental health strategy. The Talking Therapies: *A Four Plan of Action* [4] outlines new areas to be included by 2015: Firstly opening access to older people both for low intensity and high intensity services, which Brighton and Hove will be including from 2011/12; including a stand alone children and young peoples

[4] Talking Therapies – A four-year plan of action. DH February 2011

talking therapy service which could be included in this model as the guidelines emerge; including referrals for people with physical health conditions, long term conditions and medically unexplained symptoms(MUS), which will be included in this new model but through which we are including a new service for targeted group CBT courses for people where there is a physical health condition and NICE have approved this in their guidelines.

The following table outlines the services that will be provided across the low (step 2) and high intensity (step 3) services.

Tender 2 Step 2 interventions (NICE approved)

NICE guidelines on pyschosocial interventions for people with depression		
Intervention level	**Without physical illness**	**With physical illness**
STEP 2	**Individual guided self-help**	
	Computerised CBT - supported by a trained practitioner	
	Structured group physical activity programme - 3 sessions per week over 10-14 weeks.	**Structured group physical activity programme** - with modification for different abilities according to physical health problem.
	Group based CBT *(for those declining other interventions)*	**Group-based peer support (self-help) programme**, amongst people with a shared chronic physical health problem.
NICE guidelines on pyschosocial interventions for people with anxiety		
STEP 2	**Individual non-facilitated self-help** Written or electronic materials, based on CBT. Minimal therapist contact (<5 minute telephone call).	
	Individual guided self help As for non-facilitated help, but via 5-7 weekly/fortnightly sessions (face-to-face or telephone), lasting 20-30 minutes.	
	Psychoeducational groups Based on CBT principles, conducted by trained practitioners.	

Tender 3 – step 3/3+ interventions (NICE approved)

Intervention level	**Without physical illness**	**With physical illness**
STEP 3	**Behavioural Couples Therapy** - 15-20 session over 5-6 months	
	Individual CBT 6-8 weeks or 16-20 sessions over 3-4 months.	**Individual CBT** - over a longer time period (usu 6-8 weeks)
	IPT - 16-20 sessions over 3-4 months.	**Group-based CBT** - in groups with a shared chronic physical health problem.

	Behavioural activation - 16-20 sessions over 3-4 months.	
NICE guidelines on pyschosocial interventions for people with anxiety		
STEP 3	**CBT** 12-15 weekly sessions of 1 hour duration, delivered by trained practitioners.	
	Applied Relaxation *As above, based on clinical trails of applied relaxation for GAD.*	

5. Integrated pathways

All four elements are designed to support access to appropriate level of services for people with mild to moderate and non complex needs. Services will be required in their contracts to work in conjunction with all levels and also with secondary care services.

To ensure that the quality and clinical role is managed between services, there will be a requirement for GPs, secondary care services leads and primary care leads to meet to discuss quality issues around referral and case management. Within the Taking Therapies services there will be a need to have access psychologists in the treatment and assessment teams for advice on referrals for step 4 and 5 treatments as outlined in the stepped model of care.

All services need to be viewed as part of the wider mental health services that include secondary care assessment and treatment teams and the acute and emergency psychiatric services. Community support services will also be key including those provided by other statutory services and the voluntary sector.

6. Governance across the primary care service

The overall governance and contract management of individual services will be the responsibility of the PCT/consortium.
This may include a:

- Risk Management Board – chaired by the GP commissioning lead
- Performance Board – chaired by the GP commissioning lead

Membership to include the following:

- GP lead commissioners
- Service leads from each service area
- Locality linked consultant psychiatrist in secondary care assessments and treatment teams
- Talking Therapies Hub performance analyst lead
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Every two months (or as agreed) locality based

- Performance updates
- Quality and Risk management across the system updates

Attendees to include:

- GP locality leads
- GP Commissioners
- Leads from each service area
- Locality linked consultant psychiatrist in secondary care assessments and treatment teams
- Talking Therapies Hub performance analyst lead

Within each service area the governance and clinical accountability will rest with the employing agency that will be contractually accountable to the PCT/Consortium performance and governance arrangements. All organisation/s will be responsible for the employment conditions, training, continual professional development, supervision and professional leadership for their service area.

7.Workforce requirements

The number of staff in each service will be determined using the activity required in specifications. It is required that every surgery will have assigned to it a named Primary Care Mental Health Practitioner, a Primary Care Mental Health Support Worker and a Talking Therapist. The number of surgeries that practitioners work with will be determined by the size of each practice population and its associated psychiatric morbidity.

During years one and two of this contract, there will be evolving roles and responsibilities which still need to be exercised within the overall capacity of primary care mental health workers as apportioned to practices.

With the exception of the medical staff and some of the senior psychologists under the provisions of TUPE legislation, it might be expected that some or this entire current access services workforce may be eligible to transfer to any new provider organisation selected for the future provision of these services, and some or all may therefore choose to transfer under these provisions.

8. Eligibility for services

These services are for adults aged 18 and over and are based on need and not on age.

The primary care service is aimed at people with mild to moderate needs and long term needs when not complex. Following discussion with clinicians in primary and secondary care, it has been agreed that the level of need will be clinically assessed and the standards for eligibility will be required to be flexible. The Primary Care Mental Health Practitioners will work with secondary care services and will manage people with higher needs than the Primary Care Mental Health Support Workers.

In order to address the unmet need and that some people with mild to moderate needs will visit a GP additional outreach via the Primary Care Mental Health Support Workers will be required. Key groups that have been identified include the LBGT community and older people. Self referrals will be welcomed to the Primary Care Mental Health Support Workers who will be working with community groups to increase aware of mental health and accessing the Talking Therapy services.

9. Location and Hours of Operation

All new services will be flexible and to provide out of hours sessions in agreed locations with GP and in community settings where possible.

Services will be expected to be coordinated from city wide or locally based offices for administrative purposes but to be working with nominated GP surgeries. Remote non office based working would be welcomed.

Primary Care Mental Health Practitioners and Support Workers will be expected to work in a buddying system in their own service in order to cover extended working hours and maintain continuity with GPs during periods of annual leave or leave due to sickness or other legitimate reasons such as for training.

10. Clinical Standards

Along with the requirement to comply with all of the provisions of the Contract, all provision will be required to ensure they meet expected standards as well as the following specific areas:

- Safeguarding children and adults in vulnerable circumstances
- Complaints
- Professional Accreditation
- Training and Development
- Serious Untoward Incidents
- Clinical Audit and Governance
- Service Users, Carer and Staff Experience Surveys
- Equalities Act

11. Managing the outcomes

There will be a range of outcomes set in the specifications.

Performance management will be on a quarterly at the localities level and quarterly at the PCT/Consortium level. GPs will need to be able to monitor in real time their referral numbers into all services against the allocation to their surgery.

The Talking Therapies Hub will be responsible for reporting referral and patient outcomes information to GP's at the locality and Consortium level.

12. Financial Envelope

Bidders will be expected to provide budgets to meet the minimum demand as outlined in each specification. The total investment will not exceed the current financial envelope. The current contractual costs are being finalised with Sussex Partnership NHS Foundation Trust. It is acknowledged that this service needs to be able to take a higher number of referrals than possible in the current service.

13. Transition Plans

It is considered that the period of time between the award of the contract in September 2011 and the commencement of the services agreed with the Commissioner with a start date for not later than April 2012.

Appendix 1: Consultation and engagement events influencing the new models.

	Users & Carers*	Public consultations	GPs*	Staff in current services*	Voluntary sector partners*
To January 2010	During 2009, all these groups were engaged in agreeing the content of the strategy				
February 2010					
March 2010	LIVE User and Carer meeting		Practice Based Commissioning (PBC) meetings		CVCS network meeting
April 2010					
May 2010			PBC meetings		CVCS reps meeting
June 2010	LIVE User and Carer meeting				
July 2010			PBC meetings	Workshop with voluntary sector and SPFT community staff on shared pathways	CVCS reps meeting Workshop with SPFT
August 2010	Redesign User reference group		Online survey	Workshop with voluntary sector and SPFT community staff on shared pathways	CVCS reps meeting Workshop with SPFT
September 2010	LIVE User and Carer meeting		Local Medical Council Meeting PBC meetings Clinical Exec Meeting		
October 2010					
November 2010	Redesign User Reference group		Online survey PBC meetings Local Medical Council Meeting Clinical Exec Meeting		CVCS Reps meeting
December 2010	LIVE User and Carer meeting	Online survey		Online survey consultation meeting	Online survey GP meeting with sector
January 2011			Seminar with GPs 18th Jan CCE updates Local Medical Council Meeting	Indep sector local Therapists and Counsellors 25th Jan	

- All groups have members of the Transforming Mental Health Steering Group which meets every three months with the remit to deliver on the strategy
- The NHS and City Council Commissioners Primary Care Redesign Programme Board meets monthly
- Users, carers and staff group held meetings in 2010 to develop detail in the service specification