



Bradford District and Craven
Health and Care Partnership



Transforming Mental Health Services in Community

VCSE Core Service - Healthy Minds Peripatetic Mental Health Support Service in Community
Background Briefing, updated Feb 2024

Introduction

People with Mental Illness and Severe Mental Illness (SMI) often experience inequalities in care because they need to access a range of services from different organisations and parts of the health and care system, often making access to that support complex and difficult to navigate. This new service, part of the Community Mental Health Transformation Programme, aims to tackle those inequalities and improve access.

For general information about the Community Mental Health Transformation Programme including some useful short videos, go to the Bradford District & Craven Health and Care Partnership website¹.

Healthy Minds is the local strategic and system approach to tackling these challenges and achieving better lives and improved for people with mental health conditions, substance use needs, learning disabilities or who are neurodiverse.

The Healthy Minds strategy sets the plan to promote, respect and improve the wellbeing of everyone, in turn enabling them to be more active citizens, and it prioritises efforts to improve access to care and support for people with mental health conditions, substance use, neurodivergent needs or living with a learning disability.

The three priorities set out in the Healthy Minds Strategy are:

- Promoting better lives
- Respecting rights
- Improving support

Crisis and community mental health care are currently undergoing transformative re-design, focussing on better use of collective resources by bringing together Local Authority Social Care and NHS services, Primary Care Networks and Voluntary, Community and Social Enterprise sectors to deliver proactive, personalised and preventive mental health care.

Bradford District and Craven Health and Care Partnership (BDCHP) have ring fenced investment to commission mental health services from locally based Voluntary, Community and Social

¹ Bradford District and Craven Health and Care Partnership website <https://bdcpartnership.co.uk/strategic-initiatives/healthy-minds-community-mental-health-transformation/>



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Enterprises. The funding is aligned with the national Community Mental Health Framework published in September 2019². The framework describes the vision for a place-based community mental health model, and how community services can offer whole-person, whole-population health approaches, aligned with the local Primary Care Networks.

This new commission is available to Bradford District based VCSE organisations providing mental health services for communities. The specification (Appendix A) sets out how this service will build and deliver on the ambitions set by people for Mental Health services. The service and support systems will continue to develop and evolve with input from current and future service providers to further shape and transform what is on offer to local people.

Wave 1: - Since October 2022 locality based VCSE services have been mobilised across three Primary Care Networks (PCNs - Modality, WACA and BD4plus).

Wave 2: - The local health and care system is in the process of commissioning VCSE services across the remaining nine PCN localities .

The VCS Alliance has been asked by commissioners to provide the mobilisation and management of Wave 2 , and is seeking local VCSE organisations to express an interest in becoming service providers to deliver the Healthy Minds Peripatetic Mental Health Support Service in Community .

The areas covered in Wave 2 are split into 3 lots, based on nine PCN footprints, as follows:

Lot 1 – PCN 4, PCN 5, PCN 6

Lot 2 – PCN 7, Affinity PCN, Bradford North West PCN

Lot 3 – WISHH PCN, 5LE PCN, Bingley Bubble PCN

Over the course of next 12 months Wave 1 and Wave 2 service providers will be brought into planning and delivery conversations in order to ensure effective, ongoing knowledge sharing and mutual learning for service improvement.

Purpose of the service

The service will develop and deliver a locality focused, VCSE led ‘Healthy Minds Peripatetic Mental Health Service’ that supports, and is integrated within the Community Mental Health Core Model Framework. It will:

- Deliver enhanced, integrated social, physical and mental health support in the specified localities with flexible ‘stepping up’ / ‘stepping down’ of care and is based on intensity of input required and enablement principles

² Community Mental Health Framework for adults and Older Adults, <https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

- Deliver support that is personalised and within a person’s community that addresses their needs, offers hope, and helps them to live as healthy a life as possible
- Take an asset based approach, encouraging self-management and recovery
- Provide integrated models of support configured around the Primary Care Networks
- Develop integrated teams in VCSE organisations who are confident, skilled and feel supported at work.

The service will form a part of an integrated pathway across the whole health and social care system and will be based on recovery and social inclusion principles. It will be accessible and will reduce the risk of people falling through gaps between services. The service will also provide greater workforce capacity with interventions supporting the community mental health core model framework.

The service will be part of a larger range of community mental health support for people within identified PCN footprints who are experiencing Serious Mental Health Issues (SMI) .

This includes, but is not limited to, people experiencing:

- common mental health problems, such as anxiety or depression
- severe mental illnesses such as psychosis or bipolar disorder
- co-occurring drug or alcohol-use disorders
- eating disorders
- complex mental health difficulties associated with a diagnosis of “personality disorder”

Criteria for support

- Individuals aged 16+ residing in any of the localities included in the abovementioned “Wave 2” service footprint
- Individuals experiencing Serious Mental Illness (SMI) who cannot be supported either by primary care nor acute services, or are stepping up and down from acute services. They will require support from mental health professionals and may also be experiencing wider issues such as around poor housing, money worries, domestic violence and other non-clinical issues
- Access to the programme will be voluntary and usually by referral via a variety of channels as detailed in the service specification. The service and partners will work towards embedding Multi-Disciplinary Team (MDT) approaches for referrals , assessment and triage but initially referrals are likely to come directly from Primary Care, First Response, Community Mental Health and social Care teams

Delivery Model

The final service delivery model is not fully established and will be developed with all delivery partners as learning and experience grows. The service model will align with the Health Minds Peripatetic Service Specification and Community Mental Health Core Model Framework

The Service

- Once established, individuals suitable for support will normally be identified via a Multi-Disciplinary Team (MDT), including representation from commissioned local VCSE service providers although in the initial months post launch they may come directly from front line teams until MDTs are up and running
- Each individual will receive meaningful contact by the relevant VCSE service twice or more within 4 weeks of referral, and be invited to receive an initial diagnostic interview, leading to a tailored plan including Goal setting. People will be encouraged and supported to overcome key issues affecting their mental health identified initially, and as they arise during their engagement with the service.
- Wherever feasible, support and services will be provided in community locations that people know and trust where they are more likely to feel 'safe'. Where capacity and resources allow, VCSE delivery staff may be co-located with system colleagues in primary care settings or with Community Mental Health Teams. Occasionally, and by prior agreement with The VCS Alliance, services situated outside of known community locations may be required where the need cannot be met locally
- Support for individuals will be provided for as long as needed, based on that need and progress made against the goals set initially. A point at which to review the need for ongoing support will be agreed during mobilisation. Once goals are achieved (or where they can no longer be met) people will either step down back into self-care/community based ongoing support or step up back into statutory support.
- Where another VCSE service already exists outside of this commission and which could support the individual, it is expected that they will provide support and there will be little or no overlap between services/funding

Service Providers

- Within each of the three "lots" there will be a "Lead" VCSE organisation with track record of delivering specialist mental health provision, responsible for ensuring that appropriate support is provided to individuals.



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- Where appropriate the “Lead” VCSE organisation will collaborate with other VCSE services needed in the locality, who know and are known to the communities being served, or can provide specialist interventions around drug and alcohol use, where there are financial issues exacerbating people’s SMI, language barriers and so on. Together, these organisations will provide a comprehensive offer tailored for local people.
- All VCSE services will be expected to have a demonstrable track record in working with people experiencing SMI and mental health support in general.
- The “Lead” VCSE service provider will oversee and collaborate with local VCSE partners to deliver the above mentioned additional support. These partners will be directly sub contracted by the relevant Lead Service Provider for that area.
- Sub contracted partners will play a full role in developing the service over time, providing activity and financial monitoring reports and contributing their local and/or specialist insight to inform service design and learning.
- All VCSE service providers, especially the “Lead” provider, will develop communication channels and close working relationships with PCN, BDCT Community Mental Health services and other NHS colleagues locally as well as staff working in related social care teams.

Delivery Staff

- Job Roles within participating VCSE services will vary according to the support they expect to provide (i.e. their particular role in the overall provision). On the whole, they should include mental health professionals, and roles to support people in navigating services and understanding their options.
- Lead Service Providers are expected to have staff with lived experience of SMI able to facilitate peer support and other approaches known to be helpful for people experiencing SMI. The ambition is to have a workforce able to act within communities helping people to access regular support to manage their mental health.

The VCS Alliance Role

- The VCS Alliance will manage or facilitate the overall contract including procurement, activity and financial reporting, system influence and engagement, and provision of regular monitoring reports for commissioners. They will issue Lead Service Provider contracts and support the Delivery Partner sub-contracting process.

- The VCS Alliance will ensure that documents, processes etc essential to the smooth running of the service are available

Ethos

- Flexible and tailored support, the majority of which will be 1:2:1, will help people to believe they can gain more control of their health, and the circumstances which affect this. Services will work alongside them to achieve this using a strengths based approach
- Utilise Asset Based Community Development (ABCD) approaches within delivery where appropriate and practical to do so

Data collection and management

Personal Data:

Delivery partner organisations collect and record details of the people they are working with, goals and their outcomes and any other relevant case management information. It is a requirement of funding that this information is stored on MYMUP (an NHS commissioned local database). Data will be automatically sent directly from MYMUP to the National Mental Health Services Data Set (MHSDS).

In line with current legislation and good practice, informed consent must be gained by the service provider before sharing data about any individual accessing their support. Appropriate consent forms etc. will be made available.

An anonymised version of this data will be collated by The VCS Alliance for the purpose of activity reporting for commissioners.

At minimum, the following information should be collected and, where possible, recorded on the MYMUP database:

- Person's consent for their data to be shared with MYMUP etc
- Date of birth
- Protected characteristics
- Main language spoken
- Any clinical diagnoses known by the individual
- Any wider factors exacerbating their SMI
- Action plan
- First 4 digits of postcode
- Interventions provided
- Goals agreed
- Outcomes based on achievement of goals



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- Dates support starts and finishes
- Case studies

Performance Data:

Maintain up to date records of interactions, support, progress etc using MYMUP. May be required to provide an anonymised version of this data on a monthly basis to The VCS Alliance for collating into reports for commissioners. If so, appropriate training and support will be provided.

Payment of invoices will be conditional upon the above.

Monitoring and Evaluation Data:

Maintain up to date information, chiefly via MYMUP, about activities supporting people using the service.

Assist with any wider evaluation activities where required. Provide 'good news' stories to share with the wider system and closer colleagues across the system.

Generate monthly anonymised reports from MYMUP and share with The VCS Alliance for regular reporting to commissioners.

Financial Reporting and Payments:

Payment will be made quarterly in advance based on satisfactory submission of agreed activity and financial monitoring, and a suitable invoice

Outcomes for individuals

Outcomes will primarily be recorded in relation to progress made against the Goals agreed.

More broadly, commissioners and system partners are seeking a reduction in demand for statutory services and this will be assessed elsewhere in the system.

Delivery Provider Pre-requisites

As a minimum, providers submitting an expression of interest to deliver this service will need to meet the essential criteria below. These criteria are intended to ensure that only organisations with the necessary knowledge, experience and capability are considered.

As part of delivery, all partners will be required to provide detailed and robust activity, financial and performance data and be expected to have all necessary policies, procedures and capabilities to monitor and report that information accurately to agreed timescales. Help, training and guidance will be available where needed.

Essential

- A constituted group based in Bradford District

- Community based and not for profit
- Relevant policies, procedures and insurance in place (requirements will differ between Lead and Partner delivery providers)
- A business banking account requiring at least two signatories
- A minimum of three years financial records
- Agree to work within the values of the VCS Alliance <https://www.thevcsalliance.org.uk/wp-content/uploads/2022/04/Values-Integrity-Transparent-Collaborative-Visionary-Innovative-Inclusive-Pioneering-Accountable-2-1536x864.png>
- Ability to recruit workforce and mobilise peripatetic service by 1st April 2024
- Demonstrable track record of delivering mental health support in community for people with SMI and working in partnership with statutory mental health services .
- Demonstrable experience of support and supervision for workforce with lived experience and provide clinical supervision where appropriate.
- Demonstrable experience of leading contracts and subcontracting other VCSE organisations
- Knowledge and experience of working with communities within the locality of interest
- Successful track record of partnership working locally across sectors
- Ability to ensure that activity and financial records are managed and maintained to high standards and are reported when required
- A suitable reference from a previous funder of a partnership based service involving the organisation expressing an interest
- Data Security and Protection - organisations seeking to act as a local Lead Service Provider will need to have completed the NHS Data Security and Protection Toolkit (NHS DSPT) which is up to date. Those not acting as a Lead will at minimum need to be working towards the “Achieving Standards” level of DSPT compliance

Duration of project

This will be a 2 years plus 1 contract. The service will commence on 1st April 2024. Contracts will initially be issued for a period of 1 year with the opportunity for continuation up to another year if agreed by commissioners.

Funding

The overall combined value of the project is £850,000 per year. The VCS Alliance will receive 8.24% of overall funding to cover management charge and infrastructure provision in year one.

Finances available to each service provider will be allocated by mutual agreement within the financial envelope available in the locality.

Within each locality funding allocation, up to 30% may be used for the administration and management of the service with the remaining money (70% or more) directly funding service provision. Payments will be made on receipt of an invoice and conditional on all monitoring

reporting being up to date. These payments will be made by The VCS Alliance quarterly (or more frequently) in advance.

The majority of the funding will be divided across each lot according to the population size as follows:

Lot	Area Coverage	Population Size	Budget
Lot 1	PCN4, PCN 5, PCN 6	161,723	£275,000
Lot 2	PCN 7 , Affinity PCN, Bradford North West PCN	174,038	£300,000
Lot 3	WISH PCN , 5LE PCN , Bingley Bubble PCN	117,108	£205,000

Next steps

An online briefing event will take place on Friday 26th January 2024 which was open to any organisation able to comply with the criteria and interested in participating. If you wish to view the video please contact us using the email at the end of this document.

As a result of feedback received during the briefing event, the recruitment process and timeline has been adjusted. Organisations interested in acting as Lead Service Provider will be appointed first.

Any organisation wishing to act as Lead Service Provider is invited to complete an expression of interest. This is intended primarily to enable due diligence processes to be completed. The deadline for submitting your EOI is **9am Monday 26th February 2024**.

During the **week commencing 4th March 2024** a procurement event in person will take place in Bradford. An independent panel will be convened to make this decision. It is likely that interested parties will be asked to provide a brief presentation at that decision making event.

Only organisations who have completed an expression of interest which meets the criteria will be considered.

Subsequent steps towards mobilising the full service:

- **March 2024** - Lead Service Providers appointed and contracts issued
- **1st April 2024** – LSPs begin service delivery, close liaison with PCNs to identify people requiring service OR use MDTs if they are up and running
- **April 2024** – VCS Alliance and LSPs work to identify any local gaps/unmet needs in localities. Based on emerging data from presenting issues in people using the service, local engagement with VCSE and PCNs and known data from system
- **By early May** – LSPs/VCSA/PCNs agree what hyper local or specialist provision will need to be added to overall offer either because of obvious increased demand on existing locality based providers or gaps exist and a new service(s) is created
- **May/early June** – all additional services (specialist or meeting local demand requirements) appointed/created and sub contracts issued by LSPs



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- **June** – mobilise specialist and/or hyper local provision
- **1st July 24** – Full service launched and operational

Questions etc

If you wish to speak to someone about this opportunity please contact Rebecca Hewitt (managing the mobilisation of the Wave 2 service) rebecca@thevcsalliance.org.uk .



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Appendix

Healthy Minds Peripatetic Service Specification, December 2023.

Double Click the graphic below to open the full service specification (PDF format).



Please note, the current opportunity relates solely to “Wave 2”; the nine PCN’s areas in Bradford District which have been split into 3 lots as described in this briefing.