

# You Said We Did

## Community Mental Health and Wellbeing Service

How you have made a difference

We asked you to help us co-produce and influence what a community mental health and wellbeing service in Kent should look like. Your input has helped us to develop the key outcomes that people in Kent want and need and a model to deliver the service.

Through competitive dialogue your input has helped us shape a commissioning and procurement model.

The tables below demonstrate the high level changes made through the following processes:

- Engagement/Co-Production/Public Consultation
- Competitive Dialogue

<b>Engagement/Co-Production/Public Consultation</b>		
<b>Engagement/ Co-Production and Public Consultation between May 2014 – June 2015</b>	<b>You Said</b>	<b>We Did</b>
External co-production designed to guide informal conversations with the general public	<p>You said what was important to you regarding your wellbeing and mental health:</p> <ul style="list-style-type: none"> <li>• Triggers regarding signs</li> <li>• Tipping points</li> <li>• Long Term mental illness</li> <li>• What is valued and needed</li> <li>• Mental Health services fit for the future</li> </ul>	Findings presented to key stakeholders, including people who use services, carers, health and social care commissioners, county, district and borough councils and providers of services
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – <b>essential outcomes</b>	<p>The themed outcomes essential to improve mental health and wellbeing</p> <ul style="list-style-type: none"> <li>• One point of contact, dynamic and joined</li> </ul>	Themes used as the foundation for further co-production regarding the development of an outcome framework for a

	<ul style="list-style-type: none"> <li>• up</li> <li>• Services that listen</li> <li>• Engagement/peer support</li> <li>• Sign posing and support at the right time</li> <li>• Networking/Key connectors including IAPT, community engagement</li> <li>• Employment/work retention/employers mental health aware</li> <li>• Ethos of service, prevention and early intervention, physical health, six ways to wellbeing embedded, stigma addressed</li> </ul>	primary care mental health and wellbeing service
Developing a Mental Health and Wellbeing Vision Co-Production Workshop - <b>Service Delivery Model</b>	The strengths and weakness of Strategic Partner model and considerations to take forward with targeted audiences	These considerations formed the foundation of further workshops to explore the role of a strategic partner and the supply chain
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – <b>positioning of service user forums</b>	Mental Health (MH) service user forums should retaining their independence	Agreed to continue grant funding MH user forums for 2016/17 in order to explore options  External consultation commissioned
Co-Production through external consultation with Mental Health User Forums	<p>You were keen to continue involvement in shaping the future</p> <p>Voice of the service users should be everyone’s responsibility not just forums</p> <p>Platforms available such as Mental Health Action Group’s (MHAG,s) and</p>	Questions put to the MHAG’s to understand how to improve connections for service users, how to help them feel more empowered, role of Patients Council and the best routes for engaging with health and social care commissioners

	HealthWatch engaged and added to stakeholder list should be utilised more in their potential for connecting and amplifying service users voice	
MHAG's response to Co-Produced questions	How to improve connections for service users, how to help them feel more empowered, role of Patients Council and the best routes for engaging with health and social care commissioners	Activ- Mobs commissioned to undertake a 360 degree review of user forums and patients council (formal report published Jan 16)
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – <b>Delivery Model/Strategic Partnership</b>	<p>Change of Language required in terms of Supply Chain</p> <p>Flexible contract which can adapt to changes and opportunities over the life of the contract</p> <p>Funding for Innovation/managed through agreed governance/panel decision</p> <p>Co-produced specification</p> <p>Voice of service users within procurement</p> <p>Sustainable contract length</p> <p>Flexible contract which can adapt to opportunities and changes over the life of the contract</p>	<p>Term changed to Delivery Network</p> <p>Taken forward to Competitive Dialogue</p> <p>Taken forward to Competitive Dialogue</p> <p>Outline specifications drafted for co-production</p> <p>Service users contributed to the Invitation to Submit Final Tender (ISFT) questions</p> <p>5 year contract term plus 2 year extension</p> <p>Strategic Partner Model agreed which supports flexibility which can adapt to opportunities and changes</p>
Developing a Mental Health and Wellbeing Vision Co-Production Workshop – <b>Delivery Model/Network</b>	Limit should be placed on the direct provision permitted by Strategic Partner	Up to 60% limit agreed and documented in the specification and evaluated in the final tender

	<p>Proportionate monitoring of network/clear performance framework</p> <p>Clear payment process Clear governance</p> <ul style="list-style-type: none"> <li>• Robust tools to measure outcomes</li> <li>• Allocation of referrals, including complex needs</li> <li>• No duplication</li> <li>• Gaps addressed</li> <li>• Central data collection</li> <li>• Commissioners have oversight</li> </ul>	<p>Co-produced performance framework developed taking account of proportionality</p> <p>Market Stewardship Principles built into the specification</p> <p>Defined in the Specification</p>
<p>Co-production with current mental health community support providers and people who use these services in Kent</p>	<p>Demonstration of exemplar services that have been on a transformation journey</p> <p>Insights into social value and sharing good practice</p>	<p>Take forward learning and In future include other parts of MH services who would have liked to have been involved</p>
<p>Community Mental Health and Wellbeing Service - Public Consultation <b>335 responses received</b></p>	<p>At the moment, the help available is disjointed and I think people could benefit from a better integrated service.”</p> <p>“There is a need for services to be better aligned and centrally coordinated.”</p> <p>“More joined up and consistent approach to services regardless of where you live in Kent”</p> <p>“If it means a more co-ordinated use of resources and the avoidance of overlapping then it would be good thing.”</p> <p>“I would hope that a more joined up process which has clear outcomes and</p>	<p>Defined in Specification</p>

	measures will be more effective in meeting people's needs, reduce bureaucracy and red tape and make best use of available money."	
Community Mental Health and Wellbeing Service - Market Engagement Event – <b>Co-Production of Outline Specifications and Outcomes and Pathway Workshops</b>	<p>Outline KCC specifications well received, some areas of duplication</p> <p>Outline CCG specification well received</p> <p>Pathways workshop reinforced previous engagement findings</p>	Specifications refined from feedback

<b>Competitive Dialogue</b>		
<b>Specification</b>	<b>You Said</b>	<b>We Did</b>
Service Delivery Specification/Strategic Partner Specification	Two specifications – challenging to work with and duplication	Both specifications now merged and duplication removed
Single Point of Access	People may need a diverse range of access points	Changed to First Point of Contact
Service Delivery Specification/Strategic Partner Specification	Co-location opportunities available within the network	Scoped and included in the specification
Specified Services – Primary Care Community Link Worker one to one time limited support (up to 8 weeks)	The 8 week time limit does not offer a flexible and personalised services for people	Kept the time limited approach but took out the 8 week limit to ensure a more personalised service
Missing from the Specification	Motivational Interviewing as a key Intervention	Now included in the specification as a key intervention
Acceptance of referral 48 hours	48 hours did not take account of non - working days	Changed to 2 working days
Innovation Grant	Required more detail	No more clearly defined based on discussions and views of those involved
Missing from the specification	Branding - data collection guidelines	Now includes development of user

		friendly branding and clarity around the role of KCC Communications team
Missing from Specification	A definition of Brief Interventions	Now defined
Missing from Specification	Contract Term	Now included for both KCC and CCG periods
Equalities monitoring	Data capture not clear needs to state Protected Characteristics	Equalities Monitoring/Protected Characteristics now stated
Service User representation	Should be mandatory	Involvement of people who use service is clearly stated within the specification and outcomes payment will link to the service user feedback
Employment IPS model	Clarity regarding employment service based on the IPS model and follow on support	Now states follow-on support proportionate to the individuals need
KCC Strategic Priorities	Depiction would help	Depiction now provided in the specification
Missing from specification	Detail regarding Strategic Partner collaboration	Defined regarding expectations of where strategic partners will need to ensure key areas of effective cross sector working
Role of KCC and CCG Commissioners	Role needs more detail	High level detail now provided regarding point of contact, approval of innovation grant and communication and media leads
Co-location requirements, including Primary Care Social Care Workforce, Short Term Recovery Workers and Primary Care MH Specialists	More detail required	Expectation of co-location needs now included in the specification

<b>Competitive Dialogue</b>		
<b>Performance Framework (Tracker)</b>	<b>You Said</b>	<b>We Did</b>
Draft Tracker	All Potential Strategic Partners effectively fed back on the contents of this document regarding activity to meet each outcome	This feedback was collated and activity was adjusted to reflect responses
Missing from framework	All Community Mental Health and Wellbeing outcomes collectively presented	Included a collective Core Outcomes Page
Organisational Outcomes/Personal Outcomes	Many of the Quantitative KPI should move to Organisational Outcomes	Selection of personal outcome KPI's moved to organisational outcomes KPI's to reflect responses
Quarterly reporting	Expectation of quarterly activity reporting not suitable for all outcomes and activity	Mixture of quarterly/six monthly and annual reporting now documented depending on the activity delivered
Baseline targets	Setting all baseline targets in year one will not provide accurate understanding of impact and value	Acknowledged and baseline targets for various outcome will be set after 12 months in order to gain a broader understanding of activity
Minimum Volumes	Providers raised issue of pricing and designing service model without current volumes  Commissioners explained that due to Grant funding and current reporting arrangements volumes data was poor. Modelled estimates was significantly higher than current activity	Acknowledged that minimum volume data was needed so providers can cost the service and have a clear idea of expectations  Commissioners agreed to start with a minimum volumes in year one and then work with SP's to set future volumes
Qualitative Narrative	Proposed word count too low to provide an illustration	Word count taken out

<b>Partnering Agreement</b>	<b>You Said</b>	<b>We Did</b>
Template Documents	The general consensus was that a single large Partnering Agreement document would not be appropriate in certain situations, particularly where smaller partners are concerned.	A suite of non-mandatory template documents has been constructed, with the initial comprehensive document being used between Strategic Partners and larger Delivery Partners, and smaller, more relevant documents to be used between Strategic Partners and Delivery Partners. This provides a menu of documents that can be used on a discretionary basis.

<b>Competitive Dialogue</b>		
<b>Payment Mechanism</b>	<b>You Said</b>	<b>We Did</b>
Incentivisation Payment	<p>It was seen that having this in Year 1 would add an unnecessary level of risk for providers.</p> <p>Agreed that the pay mechanism should be focused on groups that take more time and investment to achieve outcomes so that it incentivises the right behaviour</p>	<p>The incentivisation payment will now not take effect until Year 2.</p> <p>Money not received by SP will be invested by Commissioners to achieve similar outcomes</p>
Learning Curve Discount		This has been removed as providers are able to demonstrate efficiencies through the Incentivisation Payment.
Minimum Volumes	An indication of what the minimum volumes could be was requested by providers during the	Minimum volumes have been stipulated in Year 1. At the end of Year one the Council and the successful

	dialogue process.	provider will baseline volumes and targets to be used for the remainder of the contract term. The provider will have to manage a 15% fluctuation in the base-lined figure.
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<b>Competitive Dialogue</b>		
<b>Contract</b>	<b>You Said</b>	<b>We Did</b>
CCG Contract for Lot 1	Questions over how the CCG services would be contracted for Lot 1 were raised.	<p>Initially a Tripartite Agreement was proposed. Through the process it was found that NHS guidance prohibits this option. Two alternatives were suggested; a back-to-back contract or a separate contract for the services specific to the CCGs.</p> <p>It has been decided that this second option of a separate contract will be the one used going forward.</p>