

**Agenda item: 7**

**Paper no: 4**

	Surrey County Council use	CCGs use
<b>Section 151 Finance cleared on:</b>	07/06/22	xx/xx/19
<b>Legal cleared on</b>	10/06/22	
<b>Executive Director cleared on:</b>	08/06/22	xx/xx/19
<b>Cabinet Member cleared on:</b>	07/06/22	

<b>Title of Report:</b>	<b>Briefing paper on recommission of Community Connections ‘Plus’</b>	
<b>Status:</b>	<b>TO NOTE</b>	
<b>Committee:</b>	<b>Surrey-wide Commissioning Committees in Common</b>	<b>Date: 22/06/22</b>
<b>Venue:</b>	Microsoft Teams	
<b>Presented By:</b>	Jane Bremner, Head of Commissioning: Mental Health, Adult Social Care, Surrey County Council (SCC) Stephen Murphy, Deputy Director of Mental Health Commissioning, NHS Surrey Heartlands CCG	
<b>Author(s)/ Lead Officer(s):</b>	Dave Wimblett - Senior Commissioning Manager, SCC Natalie Assender – Commissioning Manager, NHS Surrey Heartlands CCG Sarah Wimblett – Commissioning Manager, NHS Frimley CCG	

**Executive Summary:**

This is a briefing paper to keep Committees in Common informed about the plans for the Community Connections and Safe Havens contracts from 2023/24 onwards.

These services, along with several funded by NHS Surrey Heartlands CCG and Surrey and Borders Partnership Trust (SABP), are delivered by three voluntary sector lead providers (Catalyst, Mary Frances Trust and Richmond Fellowship).

As a result of this partnership working, commissioners from Adults Social Care, NHS Surrey Heartlands CCG (and NHS Frimley CCG) along with SABP have agreed to take a collaborative commissioning approach, aligning contracts into one award to a newly formed Mental Health Alliance of which all the organisations named above are part of.

## Governance:

<b>Conflict of Interest:</b> The Author considers:	None identified	✓
<b>Previous Reporting:</b> (relevant committees/ forums this paper has previously been presented to)	Committee name: Surrey Strategic Health and Care Commissioning Collaborative Meeting date: 27/05/22 Outcome: The Collaborative endorsed the approach	
<b>Freedom of Information:</b> The Author considers:	Open – no exemption applies. Part I paper suitable for publication.	✓

## Recommendation(s):

The Surrey-wide Commissioning Committees are asked to:

- (1) Note the plans to align SCC, NHS and SABP funding and collaboratively commission one contract led by Surrey County Council, that encompasses the following services:
  - Community Connections,
  - Safe Havens (and Lived Experience Practitioners - LEXP),
  - GP Integrated Mental Health Services (GPIMHS) / Mental Health Integrated Community Services (MHICS) (and LEXP),
  - In-Reach
  - Recovery & Connect
  - Service User Networks (SUN)
  - MH (Mental Health) Citizens Advice Bureau
  - Other emerging opportunities.
  
- (2) To approve in principle the above and to approve in principle the approach whereby the Council will enter into a contract with a provider/an Alliance which is yet to be formed (the approval and procurement route will be brought back to CIC in December 2022).

## Reason for recommendation(s):

Aligning funding and commissioning for this project, awarding to the Mental Health Alliance, and working with the providers and service users to co-design services all directly responds to the Mental Health Partnership Board's recommendations (May 2021) to focus on a "shared, co-produced vision for emotional wellbeing and mental health".

This project also aims to support the recent proposals around Better Care Fund (BCF) specifically working collaboratively with an alliance of voluntary sector providers, having clarity around desired system outcomes, and reducing inequalities.

## Next Steps

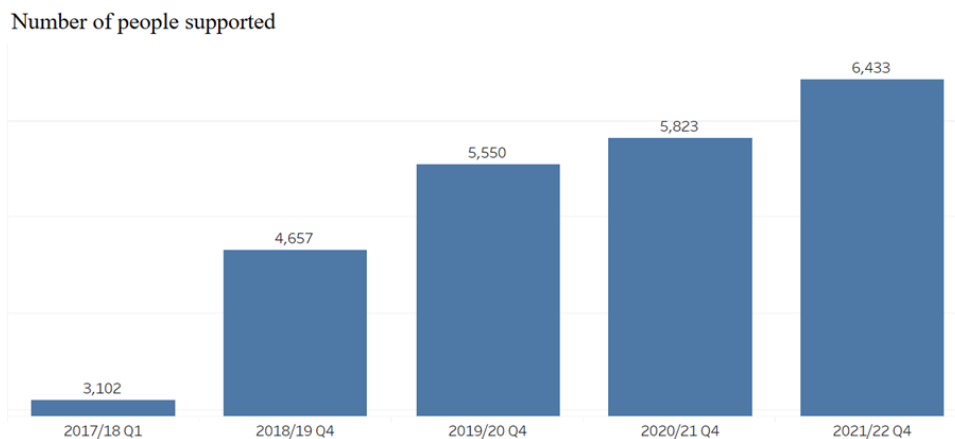
Surrey-wide Commissioning Committees in Common [22/6/22]/ Briefing paper on recommission of Community Connections 'Plus'

- Engagement and needs analysis: Now – July 2022
- Drawing up specifications: August – September 2022
- Procurement to finalise all governance requirements – September 2022
- Agreement to award from Commissioning Collaborative, Committees in Common, Heartlands ICS Executive, Frimley MH Core Group and SABP Executive - November / December 2022
- Start of new contracts: April 2023
- Further identified services may be added during the contract lifetime, from 2024 onwards. This will need to be specified in the contract, otherwise it could be dealt with as a variation to the contract subject to compliance with the procurement regulations.

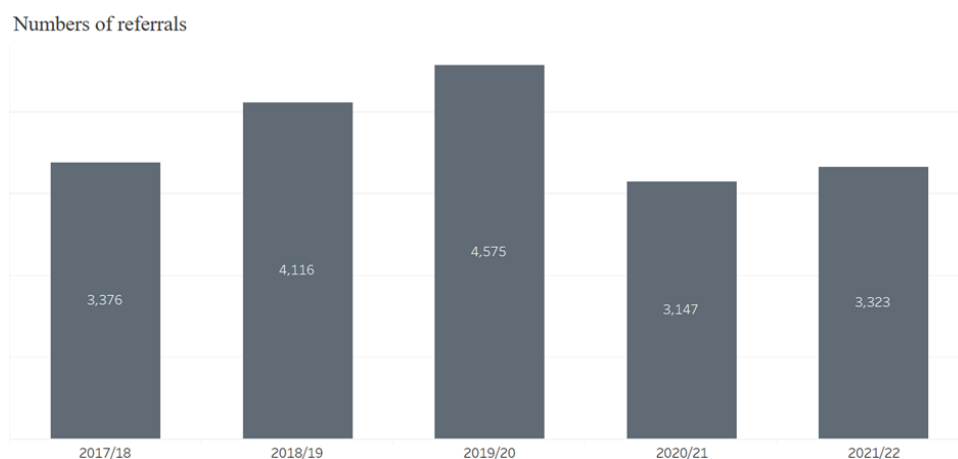
## 1. Details:

### Background

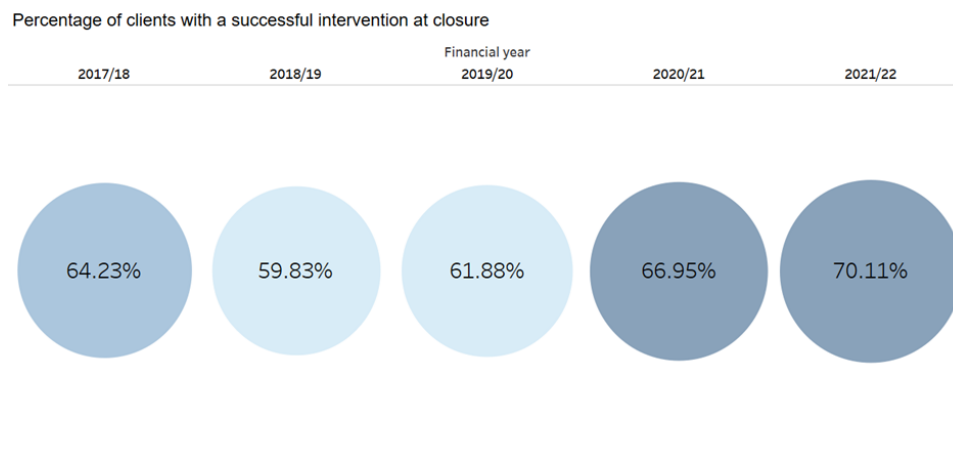
- 1.1. Community Connections services are a key part of the mental health offer for adults in Surrey. They are jointly funded by Adult Social Care (ASC) and Health predominantly through the Better Care Fund with the remaining funding direct from the CCGs and Surrey County Council. The services are delivered by three voluntary sector lead providers (Catalyst, Mary Frances Trust and Richmond Fellowship).
- 1.2. They are universal access services that support people with mental health needs to stay well in their communities through social connections and networks, contributing to system priorities around early intervention and prevention. They are an integral part of the pathway for people who experience mental health problems, often bridging the gap between primary mental health care and secondary mental health care.
- 1.3. Mary Frances Trust, Catalyst and Richmond Fellowship also deliver Safe Havens in partnership with Surrey and Borders Partnership Trust (SABP) and in the last two years they have expanded their remit, becoming an integral part of the new primary care integrated mental health services (GPiMHS and MHICS) and supporting hospital discharge through their 'In Reach' and 'Recovery to Connect' services.
- 1.4. During the lifetime of the Community Connections contract, the demand for support has increased significantly. After a transitional first year (2017-18) at the start of the current contract, the number of people the service supports in a quarter increased by 38% (Q4 18-19 vs Q4 21-22).



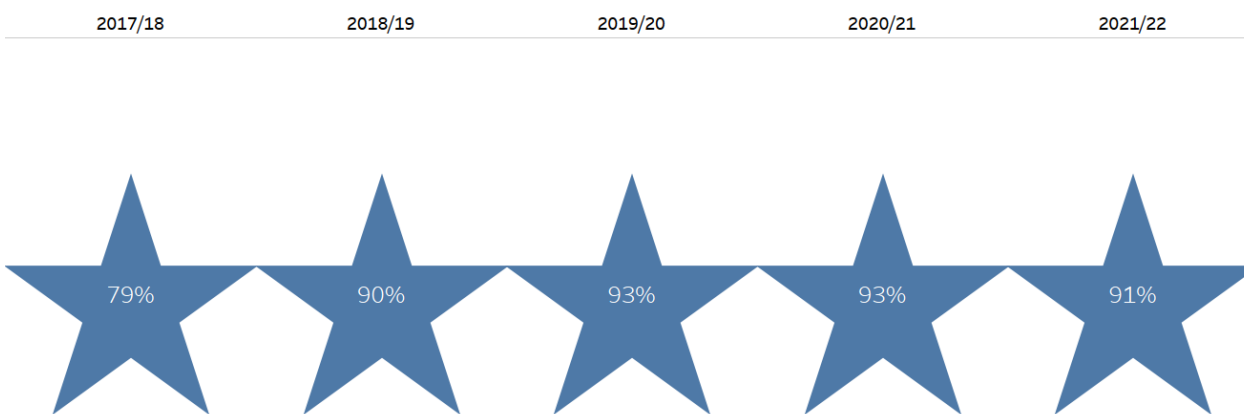
1.5. As a result of the Covid-19 pandemic and subsequent lockdowns, referral numbers fell. Services were still running albeit virtually. It is assumed that new referrals fell due to several reasons: a reluctance to engage with a new service online, an inability or lack of confidence using online support or a delay in awareness that services had moved online. Referral numbers have started to recover as we move into a post pandemic world.



1.6. Throughout the pandemic, Community Connections providers were able to enable people to have a positive experience of support, maintaining the pre-pandemic 'successful intervention' rate in 2020-21 and improving to 70% of closures having a successful intervention in 2021-22.



1.7. Service users' mental health was also maintained or improved despite the impact of Covid-19 and lockdowns. Providers started to carry out welfare check telephone calls during lockdown as a way of staying connected with as many people as possible. Outcomes are measured using the Recovery Star.



1.8. The critical role played by Community Connections providers has seen them engaged to work more closely with both primary and secondary as well as inpatient services, with GPIMHS / MHICS, Recovery to Connect and In-Reach pilots all starting in the last two years.

### Commissioning intentions

1.9. As a result of this partnership working, commissioners from ASC, Surrey Heartlands CCG and Frimley CCG along with SABP have agreed to take a collaborative commissioning approach to incorporate the following contracts into one contract award (with multiple services which will be set out in various Specifications):

- Community Connections – *Currently funded by SCC/CCGs/BCF*
- Safe Havens (& Lived Experience Practitioners - LEXP) – *Funded by NHS Surrey Heartlands CCG (Frimley CCG opted to exclude the Aldershot Safe Haven from this due to cross-border model)*
- GPIMHS/MHICS (& LEXP)\* – *Funded by SABP*
- In-Reach – *Funded by NHS Surrey Heartlands CCG*
- Recovery & Connect\* – *Funded by SABP*
- Service User Networks (SUN)\* – *Funded by SABP*
- Mental Health CABs – *Funded by Surrey Heartlands (Frimley CCG opted out for this service due to cross-border model)*
- Other emerging opportunities

\* GPIMHS / MHICS, SUN and Recovery & Connect are all currently or likely soon to be part of a nationally funded transformation programme which runs until 31st March 2024. Therefore, the intention is to bring these services in line at that point.

1.10. The intention is to award this contract to a provider/newly formed Alliance (subject to their establishment as a legal entity), that includes the current lead and sub-contracted providers; Catalyst, Mary Frances Trust and Richmond Fellowship, along with SABP and others, with the view that this work is ring fenced to the VCSE providers within the Alliance.

1.11. The proposed model for this award has been visualised in **Appendix 1**.

## **System benefits of this approach**

- 1.12. All the services in scope contribute towards Surrey's Community Vision for 2030 around living healthy lives and getting the support and information they need at the right time and place. This dovetails with the priorities of the Mental Health Improvement Plan and Health and Wellbeing Strategy; again, around leading a healthy life and supporting mental health.
- 1.13. Aligning funding and commissioning for this project, awarding to a Mental Health Alliance, and working with the providers and service users to co-design services all directly responds to the MH Partnership Board's recommendations (May 2021) to focus on a "shared, co-produced vision for emotional wellbeing and mental health".
- 1.14. This project also aims to support the recent proposals around (BCF such as working collaboratively with an alliance of voluntary sector providers, having clarity around desired system outcomes and reducing inequalities.

## **Local benefits of this approach e.g. for service users and voluntary sector**

- 1.15. Co-produced and shared aims and outcomes for services that are inter-related.
- 1.16. Clarity regarding the community mental health offer to adults in Surrey.
- 1.17. Opportunity to improve efficiency of contract monitoring across multiple services.
- 1.18. Merging contract terms (and income streams) will give providers greater stability.
- 1.19. Transparent commissioning and contracting arrangements for providers and commissioners.
- 1.20. Simplified financial process reducing burden on providers' back-office staff.

## **2. Consultation:**

- 2.1. A collaborative approach is being taken, with providers, the Independent Mental Health Network (IMHN) and service users all part of co-production.
- 2.2. A reference group has been established with representatives from the three lead providers, the IMHN and service users.
- 2.3. Engagement activities are planned for June and July to inform refreshed service specifications. These will take place in person (for those with limited or no ability to engage online), virtually (for those unable or unwilling to travel – though reimbursement will be given for expenses to those that do attend in person) and via an electronic survey (for those wishing to feedback anonymously).
- 2.4. Project Sponsor has updated Sinead Mooney, Cabinet Member for Adults and Health.
- 2.5. An informal briefing session has been set up to brief Adults and Health Select Committee on 29<sup>th</sup> June.
- 2.6. **CCG(s) Reports-** The same update will be presented to NHS Surrey Heartlands ICS Executive on 20th June and NHS Frimley MH Core Group on 15th June.

### 3. Risk Management and Implications:

3.1. **Risk** - Alliance not able to become a legal entity in time e.g. by December 2022

3.1.1. **Mitigation** – Alliance will be asked to give assurances that they will be ready, with tight timeframes. A contingency plan will be agreed with Procurement before September.

3.2. **Risk** - Alliance relationships deteriorate whilst managing multiple services under one award, deciding who takes on which element of the contract.

3.2.1. **Mitigation** - Work closely with the Alliance prior to awarding the contract to gain assurance of their plans to divide up the work and funding will be ring-fenced for each service

3.3. **Risk** - Alliance members may disagree about the hosting organisation (if that model is used) and having a single contractual lead may damage the concept of a 'provider alliance.'

3.3.1. **Mitigation** – The award will include the requirement that Commissioners maintain links with lead providers for each service and again, funding will be ring-fenced for each service.

3.4. **Risk** - Communication breakdown between providers in the Alliance due to differentiation between host and the others.

3.4.1. **Mitigation** - Contractual arrangements will set out the partnership and governance requirements between the parties to include method and frequency of communication, alignment of objectives and incentives, sharing of risks and collective accountability.

### 4. Financial and 'Value for Money' Implications

4.1. There are no immediate financial implications. However, as the work progresses, we anticipate a need to increase core community connections contract values to meet demand, as well as potentially in relation to inflationary pressures. SCC and CCG will need to identify and agree funding arrangements for any increase proposed in the contract values for community connection services.

4.2. To manage the collaborative commissioning approach to incorporate several contracts into one award led by Surrey County Council Commissioners, partners will be considering the case for setting up a s75 pooled funding agreement with partners which will outline what will be delivered with the funding, how the funds will be managed and how much each organisation is contributing and for what. A final recommendation on the creation of a separate s75 pooled fund for Community Connections services (as well as the approval and procurement route) will be included in the report that is brought back to the Committees in Common regarding the proposed letting of the new contracts.

4.3. Any increased funding for this contract will allow services to continue to support an increasing demand from the public (see 1.4) and as preventative services (or alternative to costly A & E visits in the case of Safe Havens), the expectation is there will be cost avoidances due to reduced demand on health and social care services.

4.4. Having one joined up approach also provides value for money to the system now and in the future with the need for only one procurement (with one lead procurement / commissioning team) process.

4.5. There is also an expectation that provider costs will be positively impacted by having

longer contracts, for example reduced recruitment costs as a result of long-term stability.

4.6. From the service user perspective, the expected 'value for money' implications through improved service delivery include:

- An opportunity to create transparency about the whole service offer, which should mean better information and awareness of what is available, when and from whom.
- During the engagement, feedback will be gathered about the transition between services which can be used jointly by commissioners to improve service user experience.
- An alliance of providers offers an opportunity to make efficiencies around training costs, which could improve the service user experience and could in turn give providers an opportunity to redirect that money to service provision.
- Longer term financial commitment should result in consistent staffing which would improve the service user experience.
- A collaborative report about services in scope could be presented by the alliance to service users, to improve their feeling of involvement and feeling that they have a say in the support they receive.
- Alliance service user events to bring people from different services together.

## **5. Section 151 Officer Commentary**

5.1. Although significant progress has been made to improve the Council's financial position, the medium-term financial outlook beyond 2022/23 remains uncertain. With no clarity on central government funding in the medium term, our working assumption is that financial resources will continue to be constrained, as they have been for the majority of the past decade. This places an onus on the Council to continue to consider issues of financial sustainability as a priority in order to ensure stable provision of services in the medium term.

5.2. In this context Section 151 Officer would highlight that it is essential that sustainable funding sources from commissioning partners are identified before any long-term commitment is made to the continued funding of Community Connections services. This would include securing the additional funding required to fund any proposed increase to the cost of current contracts.

5.3. Community Connections services are currently largely funded out of Surrey's Better Care Fund, a joint pooled budget between Surrey's Clinical Commissioning Groups and Surrey County Council. The future of the BCF at present remains unclear beyond 2022/23. If BCF funding changes then partners will need to identify alternative funding sources to enable services to continue, or if alternative funding sources cannot be identified services may need to be reduced or ceased. The Council's Finance team will work closely with commissioners to try to identify sustainable funding sources for the new proposed contracts.

5.4. The final approved outcome of the procurement for new Community Connections services will be factored into the Council's Medium Term Financial Strategy.

## **6. Legal Implications – Monitoring Officer**

6.1 Services contracts of this value need to be competitively tendered for under The Public Contracts Regulations 2015, as amended (PCRs). However, Regulation 32(2)(b) of the PCRs says that the Council can make a direct award of a contract to a provider where



services can be supplied only by a particular provider, where competition is absent for technical reasons and where no reasonable alternative or substitute exists.

- 6.2 Legal will assist and advise, where required, and will comment on the report that is brought back to CIC in due course. Legal will also draft the appropriate contract(s) for the provider/Alliance.

## 7. Equalities and Diversity

- 7.1. An Equality Impact Assessment (EIA) is in progress – for completion by December 2022, prior to confirmation of award.

## 8. Other Implications:

- 8.1. Safeguarding Responsibilities for Vulnerable Children and Adults Implications
- 8.2. The terms and conditions of the contract will stipulate that the provider will comply with the Council's Safeguarding Adults and Children's Multi-Agency procedures, any legislative requirements, guidelines and good practice as recommended by the Council. This is monitored and measured through the contractual arrangements.
- 8.3. The service will operate a client centred approach, working collaboratively with other Health and Social Care Services.

## 9. Public Health Implications

- 9.1. Community Connections services play a vital part in the early intervention and prevention agenda, and link with Public Health priority areas including suicide prevention and addressing stigma.
- 9.2. There is potential to include a sub lot for Public Health commissioners if they wish to utilise this contractual method in relation to key voluntary sector mental health providers.

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### Consulted:

Co-production and engagement is ongoing. So far, the following have been involved in planning:

Sinead Mooney, Cabinet Member for Adults and Health

Liz Bruce, Joint Executive Director, Adult Social Care & Integrated Commissioning

Jonathan Lillistone, Assistant Director Commissioning, Adult Social Care

Strategic Health and Care Commissioning Collaborative – endorsed approach – 27<sup>th</sup> May 2022

Adults and health select committee – briefing scheduled for 29<sup>th</sup> June 2022

Adult Social Care commissioners

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NHS Surrey Heartlands CCG commissioners

NHS Frimley CCG commissioners

Leaders from Surrey and Borders Partnership Trust

Service providers delivering existing in scope services

The IMHN and nominated service user representatives

Wil House, Strategic Finance Business Partner for Adult Social Care and Public Health

Danielle Bass, Procurement Partner, ASC and Public health

Greta O'Shea, Senior Solicitor – Contracts, Procurement and Projects

Children, Families & Learning commissioners – informal briefing to be arranged

Wider engagement is scheduled for June and July 2022.

**Annexes:**

Appendix 1 – Visualisation of Community Connections 'Plus' lots

**Sources/background papers:**

Mental health partnership board [report](#) June 2021

Mental health improvement action [plan](#) June 2021

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