Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

Surrey Heartlands IAPT Services
Market Engagement
Thursday 5th November 2020
3pm – 4.30pm

Attendees

Stephen Murphy (SM)	Head of Mental Health Commissioning (Adult Services), Surrey CCGs MH Collaborative, NHS Surrey Heartlands CCG
Harriet Keen (HK)	Senior Contracts Manager for Mental Health, Surrey ICS
Neil Manrai (NM)	Mental Health and Learning Disabilities Commissioner, NHS Surrey Heartlands CCG
Carole Melody (CM)	Head of Finance, NHS Surrey Heartlands CCG
Tatty Scott (TS)	Interim Engagement Manager, NHS Surrey Heartlands CCG
Sam Angelo (SA)	Quality Improvement Lead, NHS England & NHS Improvement
Anne Darwent (AD)	Clinical Lead, DHC Talking Therapies
Sally Heath (SH)	Director of Business and Innovation, Surrey and Borders Partnership NHS Foundation Trust
Hannah Pidsley (HP)	Head of Mental Health Service Delivery, We Are With You
Emma Adams (EA)	Director of Marketing and Business Development, Queen Elizabeth Foundation for Disabled People
Holly Hurn (HH)	Clinical Psychologist, Queen Elizabeth Foundation for Disabled People
Jacqueline McCouat (JM)	CEO, Anchor Counselling
Judith Chapman (JC)	Service Manager, Surrey Online
Candice Miller (CM)	Contracts Manager, DHC Ltd
Nicky Allan (NA)	Head of Integrated Wellbeing, Maximus UK Services
Daniel Brown (DB)	Clinical Lead, Mind Matters
Nick Zygouris (NZ)	Director of Mental Health, Maximus UK Services
Sally Sollesse (SS)	Step 2 Innovation and Service Delivery Improvement, Surrey Online
Alison Dolton (AD)	Operations Manager, We Are With You
Sharon Harrison (SH)	Head of Account Management, Ieso Digital Health
Laura Adams (LA)	Scribe - Senior Business Resource and Programme Assistant, NHS Surrey Heartlands CCG
Caroline Buffey (CB)	Scribe - Business Support Assistant, NHS Surrey Heartlands CCG
Tanya French (TF)	Scribe - Business Support Assistant, NHS Surrey Heartlands CCG

Welcome and Introductions – Stephen Murphy

System/Service/Performance Overview of services within Surrey – Neil Manrai

Finance Overview – Neil Manrai

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Breakout Sessions (discussion points below)

- Lead Provider model considerations
- AQP Model considerations
- Commissioning Level considerations
- Commissioning and service model preferences
- Service Spec considerations

IAPT NOTES – Breakout Room 1 – Stephen Murphy

Lead Provider Model

- Discussion over payment terms. Advised that these terms not set yet
- Observational view point discussed and how market evolves in line with demand and budget
- Trying to understand current challenges faced and if innovation can be used
- Performance considered currently good in Surrey
- Access targets are increasing going forwards
- Lead Providers having direct referral route can be helpful
- Open pathways is an important factor
- Discussion regarding being solely online giving ability to talk in detail about the Service and be more targeted
- Landscape has changed dramatically recently as more having to provide it
- Importance of getting people into Services quickly
- Importance of having a non-confusing route into Services for patients
- Data shows that where people self-refer there are better outcomes
- Benefits can be achieved through an alliance model and having good collaboration
- Lead providers can set up contracts with sub-contractors that can stretch lead provider to hit a target of patients
- Overall success of contract depends on use of sub-contractors
- Alliance model gives more seamless collaboration for what is better for patients
- Alliance model can help with capacity
- Need to consider benefit of shifting patient from provider to provider

AQP

- Providers would be incentivised
- Focus on detail of who should see who
- GPs have given feedback that there are too many providers
- Does not always feel entirely co-ordinated
- A mature AQP system can offer good benefits as no constraints around activity
- Needs an infrastructure around it
- More flexibility for patients
- Processes need to be smoother
- Competitive aspect is needed in terms of keeping business going

Commissioning level considerations/strengths

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- Dependent upon model
- Can give more option to clients
- More cost efficient
- More scope for therapies on offer
- Gives flexibility for options
- Location wise enables ability to run a single group

ICP/PCN level

- Dependent upon model
- Providers have their strongholds
- 10 year view suggests greater integration in the future

- People want a good service on their doorstep rather than choice
- Gives less options to clients

Payment Method

- Discussion regarding payment by results versus block contract versus targeted model
- Payment by result has worked in the past in Surrey
- If Service grows then helpful that money grows with it
- However takes focus off expanding the Service in more creative ways
- PPR can be a block tool sometimes
- Some Services take extra time and work and no current model to help with it
- Fewer providers in an area can be risky and less assurance around meeting activity
- APP framework works well and boosts performance, innovation and creativity
- Strength to be found in process of innovation
- Avoid PPR if there are only one or two providers for delivery due to reliant risks i.e. business continuity
- Less risk and more stability within the system if there are several providers
- Flexibility is a benefit when paying for achieving over target
- PPR feels more secure for provider as no upper threshold
- Innovation created by competition but risk that does not encourage working with loss leaders / vulnerable groups

Online versus Face to Face

- What is definition of online
- However all have had to go online more recently
- Being a local provider on the ground with good contacts is needed so fully digital not ideal
- A mix of the two would be preferred as some patients have a preference
- Recent climate have shown that online is beneficial for patients
- Important to offer options of both to patients as not all can access online
- Important to be able to switch between the two options
- A blended model approach is preferred and good for access and engagement
- Digital aspect needs the scope to continue to innovate and drive the model forward
- Learning aspect of digital assists with professional development
- Digital landscape gives many options
- Ensure that care pathways gives patients the most suitable interventions and best outcomes

IAPT NOTES – Breakout Room 2 - Neil Manrai

Lead Provider Model

Strengths

- Transparency about data
- More clarity for service users about who is delivering the service
- Better quality of service- size of organisation would have an overarching governance lead (accountability)
- Gives an opportunity for smaller organisations
- Efficiency and streamlining of communication

Weaknesses

- Lack of competition
- Need to ensure other partners that are sub contracted are involved in the decision-making
- More challenging for smaller organisation

AQP

Strengths

- Quality

- Completion drives quality- helps organisation improve services
- Smaller organisations can be more agile to adapting- however this depends on the governance structure of the larger organisations
- Increases flexibility to adapt to needs
- AQP working well now- if successful why change it
- Collaboration with different services
- Different delivery models
- Patient user choice
- Shared learning
- Extra promotion

Weaknesses

- Competition could also be detrimental to smaller organisations.
- Patient may not be able to see the breath of providers- how do you make an informed choice?

Commissioning level considerations/strengths

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- If too large an area, how do you localise a service for specific populations
- Economies of scale can be positive if you have a determined focus

ICP/PCN level

- Multiple providers are too small a level could make it difficult to manage
- GP's could be in more control of the service delivered for the area

Specification revisions

Include

- More of a focus on long Covid clinics (psychological support)
- Accreditation/ supervision for people working with people under the age of 18
- Social/ practical issue support (befriending) - for example people over the age of 70- isolation partially due to Covid.
- More integration
- Staff wellbeing- how providers can demonstrate supporting staff- wellbeing champions (offer support)

Room 1 Summary – Stephen Murphy

- Payment by results discussion
- Discussion regarding benefits of online versus face to face
- View is that providers are the experts not the commissioners so feedback is welcome
- Competition element not always the best for the patient

Room 2 Summary – Neil Manrai

- Lead provider would provide better quality of Service as one person accountable
- Lead provider ensures more clarity for Service users
- Governance harder with larger organisations
- Lack of competition considered a weakness
- Will be a challenge for smaller providers
- AQP offers more patient choice
- AQP offers shared learning and Services can adapt more flexibly
- Competition drives quality
- Weakness would be how to make an informed choice
- Service users may not have sight of the breadth of choice
- Service delivery discussion and how to localise a Service in in too large an area
- PCN level can be difficult to manage

- Modelling suggested around Covid-19 and potential surge in demand in mental health services
- Look at areas of social health and isolation/loneliness with more integration with wellbeing providers in PCNs
- Wellbeing of staff to be considered and having champions or online support for staff delivering services

Timeframes – Harriet Keen

- Indicative procurement timeline discussed, and to be noted that is subject to change i.e. effects of Covid-19
- Keen to capture feedback and collate by the end of November
- Currently at Service Delivery phase with commissioning options planned for submission for approval in December
- If approved, the procurement suite of documents will be submitted for approval at the end of March.
- Then another event will be planned in April for the launch of the procurement
- Evaluation planned June/July 2021
- Contract award planned Sept 2021 with 6 months mobilisation period
- New contact go live planned 1 April 2022

Questions Raised

Q: What is the model going forward for secondary mental health care and how would this would fit within the service specification?
A: The interface can be a challenge and is a good point. This will be addressed going forward with GP stakeholder events planned soon.

Q: Given the pandemic is this the best time to devote resources to a time consuming and stressful procurement?
A: Note and acknowledge this concern. Based on procurement law (regulation 72) the IAPT contract cannot be extended. Astute to Covid pressures but there is a need to apply to statutory duties, but will continue to review the art of the possible. Assurance wise the CCG is aware that these are extraordinary times, and are holding weekly meetings, plus Governance processes.

Q: Given state of NHS and the world currently would like it noted that there is something to be said with sticking with an AQP model going forward, and that it might be less of a resource drain at this time.
A: Viewpoint noted and acknowledged.

Next Steps

- Feedback will be gathered from stakeholders
- Generic email address available to raise questions or feedback - syheartlandsccg.iaptprocurement@nhs.net
- Information to be published on Surrey Heartlands website
- All attendees encouraged to ask questions and challenge the specification
- List of attendees to be shared so please advise via generic email address consent