Surrey Heartlands IAPT Services
Market Engagement
Wednesday 21st October 2020
1pm – 2.30pm

Attendees

Niki Baier (NB)	Deputy Director of Acute & Collaborative Contracts, NHS Surrey Heartlands CCG
Harriet Keen (HK)	Senior Contracts Manager for Mental Health, Surrey ICS
Stephen Murphy (SM)	Head of Mental Health Commissioning (Adult Services), Surrey CCGs MH Collaborative, NHS Surrey Heartlands CCG
Lyn Reynolds (LR)	Procurement Consultant, NHS Surrey Heartlands CCG
Neil Manrai (NM)	Mental Health and Learning Disabilities Commissioner, NHS Surrey Heartlands CCG
Carole Melody (CM)	Finance, NHS Surrey Heartlands CCG
Linda Broughton (LB)	Finance, NHS Surrey Heartlands CCG
Liz Patroe (LP)	Head of Engagement, NHS Surrey Heartlands CCG
John Newland (JL)	Clinical Director, Centre for Psychology Limited
Nii Lante Wallace-Davies (NLWD)	Head of Business Development, Ieso Digital Health Limited
Hannah Piddley (HP)	Head of Mental Health Service Delivery, We Are With You
Sally Heath (SH)	Surrey & Borders Partnership Trust
Omar Kowlessar (OK)	
Sheena Fosbraey (SF)	Business Development Partner, We Are With You
Jemma Milman (JM)	Service Manager, Dorking Healthcare Ltd
Michael Arnaud (MA)	CEO, Dorking Healthcare Ltd
Kathryn Ishaq (KI)	Senior Bid Manager, Vita Health
Robert Taylor (RT)	Senior Business Lead - Mental Health, Independent Clinical Services Ltd t/a Thornbury Nursing Services
Terry Sharkey (TS)	Mental Health Services Lead, Connect Health Ltd
Karen Burch (KB)	Business Development Manager, Sussex Partnership NHS Foundation Trust
Rob Stephenson (RS)	Business Development Manager, SilverCloud Health
Ed Rippon (ER)	Business Development Manager, SilverCloud Health
Mike Walker (MW)	Senior Bid Manager, Berkshire Healthcare NHS Foundation Trust
Dr Gisela Unsworth (GU)	Clinical Service Manager, Mind Matters Surrey (Surrey & Borders Partnership NHS Foundation Trust
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 – Niki Baier

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

Finance Overview – Neil Manrai

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

Advantages of a lead provider model

- Will provide accountability from NHSE/I
- Clarity for GP's particularly locums moving from practice to practice (different systems)
- Less confusing for the patient
- Easier to govern from a clinical perspective
- Is there a middle ground? Combining benefits of AQP and lead provider
- Overwhelmed by choice

Advantages & disadvantages of AQP model

- Providers are held accountable for service delivery (no delivery no payment)
- Financial reward can be a motivating factor vs block payments
- Practices likely to keep a keener eye on quality and delivery based on above

Boundaries and Geography

- More than one area would be difficult to manage – place limits on ability
- If PCN or ICP model adopted, delegated responsibility will still go through the CCG
- Populations do not work according to PCN/ICP/County boundaries. It's about local area populations getting what they need. Economies of scale to be considered.

Financial model (e.g. payment by result vs block contract vs a combination of both)

- This depends on the model
- Whilst the results model drives performance, there is a financial risk i.e. demand for staff, premises rates, sickness, maternity leave.
- Cap and collar arrangement might be worth exploring

Service specification models

- All in agreement with spec provided.
- 16+ vs 17+ question asked.
- CCG clarified 16+ is not a viable option so it will be 17+ model

Other

Extending the contract

Based on procurement law (regulation 72) the IAPT contract cannot be extended

IAPT NOTES – Breakout Room 2 - Neil Manrai

Attendees
Robert Stephenson
Edward Rippon
Michael Arnaud
Mike Walker
Carole Melody
Jemma Millman
Robert Taylor
John Newland
Terry Sharkey

Questions raised as to if this procurement would be a lead provider model. Neil confirmed that this is still being worked out at the moment, it could be a block contract from one provider, an AQP model, or with one main provider with subcontractors. One of the current providers felt that if "it's not broke don't fix it" it is working well at the moment so would be best to keep as it is.

Feedback from documents sent through prior to the session was that it is interesting, however there are a few mixed messages, and some parts are contradictory.

Commissioning and Service Delivery Model- Strengths and weaknesses
Weakness of a block contract is there is no incentive for providers to achieve target or increase activity, whereas cost per case would be better.

Service delivery model. How would you operate the model? Across all of heartlands or ICP level?
Smaller providers are more flexible, some felt that working with larger providers are 'clunkier'.

Felt that the commissioning needs to be at Heartlands level and then engagement with PCNs.

Discussion around service location. At the moment PCN networks are being delivered in 3 PCN locations. What are people's thoughts in the strengths of doing this at PCN levels or heartlands level? PCN networks are too small to go into the detail. Anything too small will lose resource however large scale is consistent with other areas like London etc.

IAPT is a nationally mandated service, IAPT programme is driven centrally. PCNs probably don't have the capacity to understand the strategic goals of the central IAPT team.

PCNs are potentially too small to deliver the objectives set by the NHS Long-Term Plan. Secondary care is more integrated. Commission would be on a heartlands level, but opportunity for localised PCNs levels and what the populations need.

There are some people who feel better with virtual and some who feel better with face to face. Should be a patient choice.

Commissioning is currently Surrey Heartlands- delivery needs to be more local- needs to be flexible.

0-25- mental health pathway. Piloting under 18- and how this can be done.
Long term delivery- in or out of primary care network.

Somewhere in the spec clinical psychologist and health psychologist- should be included within each IAPT service.

Online modules/ staff levels- Online therapy is a better fit to tier 2. It is there when you talk about staff and capacity planning.

LEAD PROVIDER MODEL	
STRENGTHS	**WEAKNESSES**
	Does not incentivise providers to achieve target

ANY QUALIFIED PROVIDER (AQP) MODEL	
STRENGTHS	**WEAKNESSES**
Adds competition	Confusion for patients and can be difficult to provide informed choice
Provides patient choice	Natural challenges working in partnership with other providers
Builds partnerships	
Better ability to work with specific populations better such as people with Long-Term Conditions or from Black Asian Minority Ethnic background	

COMMISSIONING LEVEL CONSIDERATIONS/STRENGTHS	
SURREY HEARTLANDS LEVEL	**ICP/PCN LEVEL**
Deliver across ICS	Continuing integration
Consistency and economies of scale	PCNs are too small for delivery
ICS may be better linked with the national strategy and vision for IAPT	Long-Term Plan has a focus on integration within PCNs across multiple areas
Delivery Method	
Should be a choice about the delivery method. Will be a cohort of people that will require face-to-face. Various online options are available.	

PREFERANCES & REASONS	
COMMISSIONING/COMMERCIAL MODEL	**SERVICE/OPERATIONAL DELIVERY MODEL**
AQP – see previous slides	Across Surrey Heartlands – economies of scale

SPECIFICATION REVISIONS

INCLUDE	REMOVE
Keep the age eligibility criteria under 18	Not to remove but careful consideration about working with CMHRS
Long-Term Conditions should integrate with PCNs and not the GP integrated mental health services	
Clinical psychologist and health psychologists should be within each IAPT service and including in the staff compositions	
Add the reasons why people from a Black Asian Ethnic Minority background may be more vulnerable and more in need of additional focus	
Add the need for the service to ensure there are online platforms for self-care and not just therapy.	

Room 1 Summary – Stephen Murphy

- Discussion relating to the economy of scale provided by Surrey as opposed to commissioning more ICP
- Drivers of success in current model discussed around the AQP – in particular last quarter seen as a positive
- Payments by results seen as a positive
- Potential weakness around staffing and estates
- Potential weakness is the complexity of several different Providers i.e. Governance
- Importance of getting the model correct from a commissioning perspective
- Discussion relating to a hybrid model between lead providers and AQP
- The mechanics of a payment hybrid mechanism with payments relating to reaching a target

Room 2 Summary – Neil Manrai

- Discussion relating to the economy of scale and ensuring good partnership with the PCNs
- Service delivered at Surrey Heartlands level
- Benefits of AQP model for long term conditions and ethnic groups
- Benefit of patient choice
- Lead model does not incentivise the achievement of targets
- Potential weakness relating to informed choices i.e. referrals
- Challenges will be working partnerships with several providers
- Consider all options for delivery i.e. online platforms or face to face appointments
- Seen as positive that service is for under 18
- Ability to bridge gap between Step 3 and Step 4
- Focus within specification for online self-care
- Care to be taken working CRMHS
- Reference to psychological wellbeing staff i.e. clinical and health psychologists
- Consider specific health inequalities

Timeframes – Lyn Reynolds

- Indicative procurement timeline discussed, and to be noted that is subject to change i.e effects of Covid-19
- 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
- New contact go live planned 1 April 2022

Questions Raised

- Q: Interested in understanding the commissioning options being put forward to committees in common and where we are with the pandemic at the moment. Is there a more practical approach to ensure Services can continue without a procurement process?
- A: Regulation 72 has already been enacted following the end of the permissible extension period on the current contracts. Therefore, the CCG is required to procure the service at the end of the current extension period.
- Q: Consider the timeline pressures on Services from an operational point of view
- A: To be noted this is a concern in Notes
- Q: Focus on potential for digital natives and future use of digital systems / Artificial Intelligence for delivering services
- A: Acknowledged that this would be good from a research point of view too and requested that further details be sent to generic email address

Next Steps

- Next Market Engagement Event will be 05.11.20 with the same content
- 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
- Contact details of all attendees to be shared (please advise if any objections)