

PART 1 – SERVICE SPECIFICATION

SERVICE PERIOD	Mental Health Crisis Concordat Engagement Activity
	Approx 3 months from commencement

1. Purpose

1.1 Background

The Crisis Care Concordat was published by the Department of Health in February 2014 and is a national agreement between organisations involved in supporting people in crisis. It sets out how organisations will work together to support people to get the help they need when they are having a mental health crisis. The Concordat's 27 signatories include organisations from the NHS, local authorities, police, third sector and royal colleges.

The Crisis Care Concordat sets out guidance for crisis care provision around four key themes:

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Recovery and staying well/preventing future crises

The Crisis Concordat's vision focuses on high quality care through early intervention and collaborative working; joined up responses between different agencies; with an ultimate priority on helping patients find the support they need, whichever service they turn to first. Its remit is all ages, with specific reference to the needs of children and young people.

Each region in England was required to upload an action plan in response to the Concordat by mid-March 2015. These action plans are external facing and can be accessed through the Crisis Care Concordat website: <http://www.crisiscareconcordat.org.uk/>. The action plans are living documents that should be informed by engagement with service users. Nottingham City CCG is the lead NHS commissioner for the Nottingham City and Nottinghamshire action plan: <http://www.crisiscareconcordat.org.uk/areas/nottinghamshire/>

A task and finish group, comprised of different organisations, has been set up to develop the Nottingham City and Nottinghamshire action plan. A strategic Partnership Board has also been developed to oversee the governance of the Crisis Concordat locally.

1.2 Purpose

Engagement with service users and carers is a key principle of the Crisis Concordat and will inform the development of the action plan. The approach to engagement should help to inform the key areas of the Concordat – access to support before crisis; urgent and emergency access to crisis care; quality of treatment and care when in crisis; and recovery and staying well /preventing future crises. The engagement should also encompass adults and children and young people, and consider the role of carers.

A number of engagement activities have already taken place and the findings of these have informed the development of the Crisis Concordat action plan. Some of the findings of this engagement, and findings from existing intelligence, indicate that further work with vulnerable and seldom heard groups should be undertaken to inform development of the action plan.

As the lead organisation for the Crisis Concordat Nottingham City CCG is seeking engagement support from voluntary sector organisation/organisations to help deliver the next phase of engagement for the Crisis Concordat. The engagement will aim to identify the barriers different groups face in accessing crisis services.

The engagement should target the following groups:

- Black and minority ethnic (BME) communities (including asylum seekers and refugees)
- Students
- Carers
- Veterans
- People who are homeless

See Appendix 1 for evidence supporting this approach.

2. Service description

2.1 Aims and objectives

Nottingham City CCG is seeking bids to deliver engagement to inform further development of the Crisis Concordat action plan. Given the diverse communities required to be targeted collaborative approaches between organisations are welcome.

The primary aim of this engagement project is to engage patients in improving mental health crisis care services in Nottinghamshire. The project aims to improve understanding of the issues faced by specific communities in accessing mental health crisis services.

The engagement objectives are to capture identify and report:

- Barriers to accessing crisis services for each community defined within this specification
- Preferred ways of accessing crisis care for each community
- Experiences of accessing crisis care for each community, including experiences of transition between services

2.2 Population

The engagement should cover the areas of Nottingham City and Nottinghamshire County (see Appendix 2), although it is recognised that the communities specified will be concentrated in certain areas and engagement activity should reflect this.

The engagement should target the following groups:

- BME communities (including asylum seekers and refugees)
- Students
- Carers
- Veterans
- People who are homeless

Organisations bidding should state how they intend to recruit and access the target groups listed above, as well as how they intend to undertake engagement activities.

2.3 Methodology and sample

In 2014/15 there were 3,500 unique individuals contacting mental health crisis services across

Nottingham City and Nottinghamshire (including Bassetlaw).

Bidders should outline their proposed approach/approaches for engaging with the defined target groups to meet the engagement objectives. Given the differences between the groups concerned it is likely that a mix of approaches will be required and that a collaborative approach between different organisations will best meet the engagement objectives.

For qualitative approaches focusing on detailed, deliberative group discussions (e.g. focus groups) and feedback we would expect at least 20 people per defined group to be included (100 in total). For quantitative methods we would expect responses from a number that represents at least 10% of the patient population, based on the 2014/15 baseline (350 responses in total).

Bidders should also recognise that some individuals may not be comfortable engaging in a group setting and should provide opportunities for structured 1-1 engagement as well.

2.4 Reporting

The successful bidder will be required to produce a full report detailing all findings at the end of the engagement activity. This includes a summary and analysis of key findings against the engagement objectives and a full demographic breakdown of participants and a breakdown by the nine protected characteristics defined within the Equality Act 2010

Throughout the project regular contact will be maintained with the CCG to provide progress reports. The CCG may contact the successful bidder on an ad hoc basis for information relating to the project.

3. Process

Nottingham City CCG will manage an application process in line with the timescales set out in Section 5.

Organisations will be required to submit bids demonstrating how they meet the evaluation criteria. Collaborative bids must clearly state which organisations are to form part of the proposal and have a single, named lead organisation.

Bids will be scored according to the evaluation criteria, with the highest scoring bid being appointed.

4. Evaluation Criteria

Quality and Price will be weighted as follows:

Quality: 80%

Price: 20%

The table below provides a more detailed breakdown by evaluation question.

Criteria	Weighting
Is the organisation a voluntary or community organisation operating in Nottingham City and/or Nottinghamshire?	Pass/fail
How well does the proposed approach meet the engagement objectives? <ul style="list-style-type: none"> • Does the proposed approach make sense for the defined target groups? • How does the proposed approach explore issues around barriers and access for the target groups? • Are there appropriate strategies in place for recruiting/reaching participants for engagement activities? • How well have the needs of the different target groups been taken into account? • How robust are the mechanisms to capture and report feedback? 	40%
Does the bidder have the necessary skills, experience and capacity to deliver the proposal and meet the engagement objectives? <ul style="list-style-type: none"> • Does the bidder have the ability to reach the defined target groups? • Does the bidder have experience in engaging with seldom heard and vulnerable groups? • Does the bidder have experience capturing and reporting engagement findings? 	40%
Price	20%

For the quality section the score awarded will be converted into a % of the total marks available (i.e. 5) and the section weighting applied to establish the final quality score. Please note that any offer which does not score an average of at least 3 for each of the quality sections will be excluded from further consideration and will not have their financial submission evaluated.

For Price, the Provider with the lowest acceptable contract value/price will be awarded 100% with the other bidders scored as an inverse percentage of this. The section weighting will then be applied to establish the final price score.

The Final Quality and Final Price scores will then be added together to obtain a Total Score.

The provider with the highest total score will be recommended for contract award.

5. Timelines

15st March 2016 – Deadline for bids

18th March 2016 – Award contract

March 2016 (exact date TBC) – Initial briefing meeting with successful bidder

April 2016 (exact date TBC) – Project commencement

July 2016 (exact date TBC) – Final report from successful bidder

Appendix 1 – Evidence base

Accessing Crisis Services

Prior to the transformation of Nottinghamshire Healthcare NHS Foundation Trust's crisis service practices in the City and South Nottinghamshire were contacted and asked for their opinions on how well supported their patients were when they had experienced a mental health crisis. Of the 41 practices who responded, approximately 50% fed back positive experiences. The remaining 50% identified areas for improvement, particularly in relation to responsiveness.

Further engagement was carried out as part of the transformation programme, the general feedback being that services need to be more responsive to primary care referrals. As a result of this and the targets within the Crisis Concordat, the CCG commissioned a community crisis service that visits patients at home within 4 hours of referral. However, the current data shows that the 'uptake' of the 4 hour response is low (as low as 20% during some months). Further detailed work needs to be undertaken to understand why patients are choosing not to utilise the 4 hour response.

Veterans

In September 2014 a Crisis Concordat engagement event was held with key stakeholders. A key finding from the event was that veterans felt they were an unheard group. The Department of Health's New Horizons mental health strategy confirms that the prevalence of mental disorders in serving personnel and veterans is broadly similar to that of the general population. However, a significant number of veterans do experience high levels of mental health problems, ranging through anxiety, depression and post-traumatic stress disorder and sometimes involving alcohol and drug misuse. Many do not access services that might be able to help them and as a result can often end up accessing crisis services.

The Mental Health Foundation (MHF) suggests that veterans could be encouraged to seek help if there was a better understanding, among primary health care and social care professionals in particular, of the culture of the armed forces, the particular pressures that veterans may be under and the risk of veterans developing mental health problems. This group has specific needs which should be considered to ensure they are supported appropriately both in crisis but also prior to crisis to ensure better prevention is in place.

Students

Over the last three years there has been an increase in City CCG out of area mental health spend. Initial analysis of this increase suggests that much of this is patients accessing inpatient beds in other areas and a high proportion of this spend is linked to GP practices that serve the student population. Students can be considered vulnerable because they are often far away from family.

It is therefore important to undertake focused work to understand how students can be supported better leading up to a crisis and also identify if there are issues with how they transition between Nottingham services and those in their home town.

Black Minority and Ethnic (BME) groups

Different ethnic groups have different rates and experiences of mental health problems, reflecting their different cultural and socio-economic contexts and access to culturally appropriate treatments. Nationally, evidence suggests that the BME population is under-represented in mainstream mental health services and over-represented in inpatient and crisis services. The MHF cites a number of possible factors, including poverty and racism. Another factor may be because mainstream mental health services often fail to understand or provide services that are acceptable and accessible to non-white British communities and meet their particular cultural and other needs.

The MHF states that it is likely that mental health problems go unreported and untreated because people in some ethnic minority groups are reluctant to engage with mainstream health services. It is also likely that mental health problems are over-diagnosed in people whose first language is not English.

Analysis of local data shows that access for the BME population to crisis services (Enhanced Crisis and Home Treatment Team, acute inpatient wards, psychiatric intensive care units) is reflective of the Nottingham City population. However, the proportion of BME groups accessing crisis services has increased slightly from 35% in 2014/15 to 41% in 2015/16 when looking at the year to date. It should also be noted that overall less BME people access mainstream mental health services than is expected.

Homeless

Recent research by the former National Mental Health Development Unit and the Department for Communities and Local Government suggests that up to 60 per cent of individuals living in hostel accommodation and accessing homelessness services have experienced complex trauma or have an undiagnosed form of personality disorder. One study by the Department of Health in 2010 suggests that homeless people are 40 times more likely not to be registered with a GP than the general population. As a consequence, they are more likely to access healthcare services through urgent and emergency care.

