

Mental Health & Emotional Wellbeing Tender Provider Event

Q&A from 1:1 Slots Tuesday 31st January 2017

The following is a summary of commissioner responses to questions asked as part of the one to one slots held during the Provider Event on 31st January 2017.

Responses have been included where new or additional information was given by the commissioners or where it is felt the response may be of relevance to other potential providers. Questions and responses have been paraphrased for simplicity.

1.Q: Will you mandate the premises for delivery?

Response: *There will be no mandated premises, thus it is up to providers to identify suitable premises for delivery.*

2.Q: What is the contract length?

Response: *3 years with option to extend for up to 2 years.*

3.Q: Provider queried geographical boundaries of the tender

Response: *The tender will cover both local authority boundaries (ie Cambs County Council and Peterborough City Council) and the CCG boundary. The CCG boundary includes some areas which do not fall into either local authority boundaries (e.g. Royston and parts of Northamptonshire).*

4. Q: What is the picture like in regard to young people's substance misuse and novel psychoactive substances (NPS) in this area?

Response: *In Peterborough the prevalence (in treatment) is low and use not widespread as originally feared. Police funded small scale qualitative research locally found its use at house parties attended by young people. However, NPS use is a significant problem in HMP Peterborough.*

5. Q: Do you have a preferred bidding structure in mind?

Response: *No, we are completely open to all delivery solutions (single provider, Lead/Sub, partnership or consortia etc). It's important bidders demonstrate how their delivery/bidding structure will deliver a quality service model.*

Please note: A contract will be awarded by PCC to a single or lead organisation responsible for delivery of the entire specification (irrespective of partnership or sub-contracting arrangements). Therefore, lead/sub-contracting or consortium arrangements should ensure their supply chain reflects this.

6.Q: Have primary schools asked specifically for more counselling?

Response: *No, Peterborough primary schools have reported a lack of provision to deal with a range of issues including bereavement and wider systemic issues (e.g. emotional difficulties, behaviour issues etc).*

7. Q: Younger cohorts will require longer term interventions and more trained therapists which tend to be rare and expensive.

Response: *Bidders need to provide realistic responses (delivery solutions) which are justified and demonstrate management of risk such as the one you have identified.*

8. Q: What about the use of volunteers?

Response: *It is for bidders to develop the delivery solution, we do not require or exclude the use of volunteers. Bidders are encouraged to consider the added value and social value their delivery solution may offer.*

9. Q: Do you have a preference for treatment modalities given there is such a large range?

Response: *No, but it is important a robust evidence base for interventions/treatment modalities proposed in the bid is demonstrated.*

10. Q: Can you tell us more about the drug/alcohol and sexual health elements mentioned in the presentation?

Response: *This relates to the wider public health agenda as some of the LA funding comes from the public health grant. It's important that all LA commissioned services contribute to key public health issues in a way that is relevant to the service itself. So for this particular service we expect that drug and alcohol screening tools and questions around sexual activity/wellbeing are included in the needs assessment of teenagers. The service should offer Chlamydia Screening to those aged 16-24 who are sexually active. The service should also participate in local and national public health campaigns and promote healthy behaviours where appropriate. This might range from leaflets and posters in waiting rooms to links to the service's website etc.*

11. Q: What will happen to those 18 and above in Peterborough?

Response: *Dependent on need they should be directed to the normal adult pathways such as IAPT.*

12. Q: We think young person friendly marketing and advertising are really important. Can we send examples in with our bid?

Response: *Yes. There will be question(s) within the method statement relating to the marketing and publicity of the service.*

13. Q: Will you be providing guidance on the disaggregation of funding across different suppliers (in a consortium)?

Response: *No, this is entirely the responsibility of bidders. The only guidance commissioners will issue is on the split between Peterborough and Cambridgeshire and that CCG funding cannot be used on those aged 18 or over.*

14. Q: How should we complete the bid documentation if we are part of a multiple supplier arrangement, should we write it separately and merge?

Response: *Yes, we suggest discussing with your partners and present your response on all aspects of the model. You may wish to decide upon a name for your consortium. Having a single person with lead editing rights can be helpful rather than writing bids individually if you are part of a consortium. It is important that commissioners can understand from your bid how the different providers will work together to deliver the requirement.*

15. Q: Should we choose one provider to go with or can we make offers to multiple providers?

Response: *We are not aware of any procurement rules which prohibit you from putting different offers in with different groups and/or variety of models. You and/or other providers may wish to enter into MOUs, partnership agreements or confidentiality agreements to cover this.*

16. Q: Can we go for overhead cost recovery?

Response: *Yes you are able as you have to detail your prices in the pricing submission.*

17. Q: Can you clarify the workforce training element mentioned in the presentation?

Response: *This relates to training of the wider workforce around mental health literacy/wellbeing.*

18. Q: Is this the first time the 3 commissioning organisations have collaborated and how has that affected the approach to services; will Serco drive the tender?

Response: *No, the 3 organisations have collaborated before. It means the specification reflects what all 3 parties require in terms of service delivery and the panel is more diverse. No, Serco supports Peterborough City Council and commissioners are focusing on quality as the maximum pricing is set.*

19. Q: Do we need to set up infrastructure to feed data into the NHS system because this is a challenge for us as a small provider?

Response: *The service will be required to feed data into the mental health dataset however commissioners have not yet decided upon the exact requirements as to 'how' this is achieved.*

20. Q: Do we need to write in costs for delivery locations? Can we use council offices or schools?

Response: *Yes you should include costs for delivery locations within your pricing. With regard to premises it is for bidders to scope and make the necessary arrangements. It should be noted that Peterborough is working towards rationalisation of its existing council office space.*

21. Q: How will assessments be made regarding accessing this service or those at Getting More Help?

Response: *A number of access points are being developed including Early Help hubs. The advice and referral functions of the current mental health Single Point of Access (SPA) are planned to amalgamate into the Early Help hubs by 1/1/18.*

22. Q: What are the referral routes into this service; will it be via schools, parents, Early Help or clinicians?

Response: *Yes, also via self referrals, Child In Need plans, Child Protection Plans or Troubled Families project. Some service users may require an Early Help assessment when they present and be referred elsewhere if appropriate.*

23. Q: Will the service share case management system and therefore patient files with specialist CAMHs?

Response: *This won't be specified although commissioners acknowledge this is desirable. There are challenges with this as community providers and GPs use different systems.*

24. Q: Who will be on the evaluation panel?

Response: *Panel membership is being finalised but will be made up of representatives from the 3 commissioning organisations including a clinician and public health consultant.*

25. Q: Can we cross refer between questions?

Response: *Yes*

26. Q: Will be able to include graphs/diagrams in our submission?

Response: *Yes, Supplierforce has this ability. Any technical questions relating to Supplierforce should be posed to Wayne Stott (see presentation slides for contact details).*

27. Q: How are young people involved in the tender?

Response: *Young people will be setting one or two of the method statement questions though the panel will be evaluating the responses. Young people will not be involved in presentation stage. However, young people have been consulted with the help of Healthwatch Cambridgeshire and Healthwatch Peterborough and through the Delphi study carried out by Cambridge University.*

28. Q: Is there a group of young people we can test out our service ideas on?

Response: *Commissioners will look into the feasibility of this.*

29. Q: Will you advise on funding split for age groups?

Response: *No. Primary aged demand is relatively unknown and providers may be best placed to approximate this. Also, demand may change over the contract life so providers will need to adjust to meet changing need.*

30. Q: Will the resource split between Peterborough and Cambridgeshire change in the future?

Response: *No, this is unlikely to change.*

31. Q: What patient identifiable data will be held for service users (for upload to mental health dataset)?

Response: *It is likely to be NHS number but bidders can refer to the technical guidance.*

32.Q: What documentation is required for our submission?

Response: *This will be in the ITT produced by Peterborough. However, bidders may wish to begin to collate the usual documents required for an open tender process.*

33. Q: What is the requirement regarding NHS information governance toolkit?

Response: *Commissioners are still consulting the market on this issue. Bidders can contact commissioners through the portal with any specific queries.*

34. Q: What other information is available regarding the Psychological Wellbeing Practitioners (PWP's)?

Response: *Job description to be circulated once available but considered to be similar to adult IAPT workers, usually graduates with psychology degree who are trained to carry out interventions. PWP's will be employed on fixed term contract with CPFT during their training, potentially enabling TUPE to successful bidder although logistics have yet to be confirmed.*

35. Q: Even with the increased resource will there still be unmet need?

Response: *Yes, both current service size and high level of demand are factors in this. That is why we seek innovative and creative delivery solutions from the market.*

36. Q: What do you see as the top priorities for the service?

Response: *Provision of brief talking therapies, increased access (including parents) and the gap around primary school aged children.*

37. Q: Are commissioners wary of putting smaller local organisations out of business?

Response: *The procurement process is open and commissioners seek the most economically advantageous bid that will provide the best quality support to children and young people locally.*

38. Q: Will this service be expected to be the 'single front door' to all CAMHs provision?

Response: *No*

39. Q: What are the expected numbers of referrals and waiting times for the service?

Response: *Minimum activity figures and assumptions for activity planning will be included in the specification. Information in the Soft Market Testing Exercise (SMTE) may be helpful.*

40. Q: When will the specification be available?

Response: *When the ITT is released.*

41. Q: Does TUPE apply if we partner an incumbent supplier?

Response: *That would be for bidders to assess.*