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**Market Testing – Children & Young People’s Peer Support; Peer Mentoring, Peer Education and Personal Health Budgets**Overview

Camden Council is reviewing its Peer Support services – Peer Mentoring and Peer Education for Children and Young People experiencing social, emotional and mental health issues and/or substance misuse, which are due to expire at the end of March 2022, with a view to deciding whether and how to recommission these services.

**What is peer support?** Peer Support may be defined as the help and support that people with lived experience of a mental illness or a learning disability are able to give to one another. Peer support is distinct from other forms of social support in that the source of support is a peer, a person who is similar in fundamental ways to the recipient of the support; their relationship is one of equality.

It may be social, emotional or practical support but importantly this support is mutually offered and reciprocal, built on shared personal experience and empathy and allows peers to benefit from the support whether they are giving or receiving it.

Research has shown that peer-run self-help which works towards the individual's wellbeing and recovery, yields improvement in psychiatric symptoms resulting in decreased clinical input, larger social support networks and enhanced self-esteem and social functioning.

**Peer Mentoring** is a form of mentorship that usually takes place between a person who has lived through a specific experience and a person who is new to that experience. An example would be a 'buddy' system in a school with an experienced student being a peer mentor to a new/younger pupil, the peer mentee.

Peer mentors are also used for health and lifestyle changes in which people who have received certain training are attached to a new group and act as a positive role model, befriender, listener and mediator and guide to ease people into a new environment, eg a school, hospital.

The ultimate aim of peer mentoring is to enable the person being supported to gain confidence to speak up for themselves, become more independent and make informed choices about their life journey.

**Peer Education** involves peers educating peers on specific topics, such as coping with depression, anxiety or addiction. This will generally include a group of peers of similar age, status and background to the people to whom they are delivering material.

**What are the benefits of Peer Support?** These are wide ranging for those receiving the support, peer-supporters themselves, and for the mental health system as a whole. One of the key benefits of Peer Support is the greater perceived empathy and respect that peer supporters are seen to have for the individuals they support.

Peer Support also has benefits for peer support workers themselves, increasing levels of self-esteem, confidence and positive feelings that they are doing good. Peer-support workers often experience an increase in their own ability to cope mental health problems.

**What ia a personal health budget?** PHBsare an amount of money to support someone’s health and wellbeing needs, which is planned and agreed between the individual or their representative, and the local clinical commissioning group (CCG). It is not new money, but a different way of personalising care and spending health funding to meet the needs of an individual; giving them more choice, control and flexibility over their healthcare based around what matters to them.

Personal health budgets for children & young people’s social, emotional and mental health and wellbeing are part of the NHS’s comprehensive model of personalised care which will, as part of the NHS Long Term Plan, transform 2.5 million lives by 2023/24.

1. **Details of the services**

There is a limited range of peer support, peer mentoring and peer education services in Camden, currently delivered by the Local Authority and voluntary sector providers, focussed on supporting independence, choice, community engagement and social skills and network building in Young People.

The Service provides peer support (peer education and peer mentoring) and engagement work aimed at children and young people 8-18 years. The overall aim of the Service is to prevent and reduce the impact of mental health conditions on children and young people.

**CYP mental health peer mentoring programme:**

This service delivers mental health peer mentoring programmes in various youth settings. The programmes equip and empower young people to look after each other and promote well-being and mental health resilience. This includes training older adolescents as peer mentors to deliver structured mentoring to younger adolescents and deliver tailored mentoring in different settings such as support with transition to secondary school.

**CYP mental health and substance misuse peer education and engagement service:**

This service develops a range of peer education resources and activities around mental health and substance misuse. The volunteering and engagement opportunities that build on children and young people’s skills and interests help them to be better informed, reduce stigma and have a direct involvement and a voice in service development. The work helps to inform, influence and shape the transformation of services to improve health outcomes.

**Key objectives:**

To deliver peer education and peer mentoring services.

Overall these services will aim:

* to develop young people’s understanding about mental health and substance misuse and for young people to be better informed about stigmas and misunderstandings associated around mental health and substance misuse;
* for young people to be more able to recognise mental health and substance misuse issues as well as understand some of the pressures and conditions that can contribute towards these problems;
* for young people to know how to seek assistance for help when needed;
* to develop confidence and skills in young people such as confident decision making, communication and presentation skills, leadership skills; taking responsibilities and being better prepared for employment;
* to increase participation of young people in shaping their local services;
* to improve positive connectedness with individuals and activities in community, at home and with their peers and family; and to improve positive self-esteem, empathy, problem solving skills and aspiration.

**Peer support services** are part of the wider social, emotional and mental health network which works collaboratively with statutory social care, education and health services, and contributing to a wider wrap-around and holistic offer. Other provision the current peer support services work alongside include:

* Schools, Further Education facilities and other education settings
* Young People’s Sexual Health Networks
* Substance Misuse Services
* Other VCS providers

The outcomes from peer mentoring and peer education will be reviewed to gain greater understanding around whether the proportionate split between services remains appropriate given the current and changing needs of young people, the impact of Covid-19 and lockdown and in terms of achieving requisite impact and benefits to contribute to the strategic priorities.

Work is also underway to explore how variations to the model could incorporate or facilitate other service areas we are looking to develop, such as:

* Personal Health Budgets (PHBs) and Social Prescribing; the PHB link and liaison role to support young people leaving CAMHS and enabling them to access community services
* Building capacity within Youth Early Help to enhance knowledge, links and signposting to wider range of community based services
* Pathway development to expand access into wider health & wellbeing activities

The budget for the services to be re-procured is: **£199,389.** The inclusion of Personal Health Budgets may attractract some additional funding for co-ordination and/or administrative purposes.

1. **Market testing**

The Council wishes to undertake soft market testing on the possible re-commissioning of these services, and therefore would welcome the views of providers on the questions set out below.

Interested parties will not be prejudiced by any response or failure to respond to this soft market testing and a response to this notice does not guarantee any invitation to participate in any future public procurement process that the Council may conduct.

This notice does not constitute a call for competition to procure any services for the Council and the Council is not bound to accept any proposals offered. The Council is not liable for any costs, fees or expenses incurred by any party participating in the soft market testing exercise. Any procurement of any services by the Council in due course will be carried out strictly in accordance with the provisions of the Public Contracts Regulations 2015.

Any responses provided will not be treated as commercially confidential, unless expressed by the providing party,and may be used by the Council in the final service specifications used for the contracts, but no organisation will be individually identified.

We would like to receive feedback on the following areas (see questions in section 5) and any other comments that you may have. Organisations will have the opportunity to ask clarification questions on the specification should a procurement process be undertaken.

Following this market testing exercise the Council may run a commissioning exercise, which would likely include the following key stages (see indicative timeframe in section 3).

1. **Indicative timeframe**

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| **Stage** | **Date** |
| Review of the current model and engagement with market, providers and young people including soft market testing | Jan/Feb 2021 |
| Develop Service Specifications and model | March – April 2021 |
| Develop options based on outcome of feedback and market testing | April/May 2021 |
| Tender advert released | August/September 2021 |
| Deadline for tender | October 2021 |
| Presentation and negotiation period | November 2021 |
| Final tender decision deadline | November 2021 |
| Contract award | December 2021 |
| Implementation period | February/March 2022 |
| Commencement Date of Contract (Start of new service): | 1 April 2022 |

1. **Market Questionnaire**

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| 1. What is your general level of interest in bidding for the service(s)? (Please briefly explain why below) |
| * High (very likely to bid) * Medium (may bid) * Low (unlikely to bid) |
| 1. What experience have you had of delivering peer led enablement and education work, please detail the benefits have you seen and the outcomes have you achieved? |
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| 1. What is your understanding of the Children & Young People’s MH Personalisation agenda and the wider ambitions of Personal Health Budgets; please describe    1. whether and if so how, you see a potential fit of PHBs with a peer support service    2. how you would ensure delivery aligned to National requirements while meeting locally specific requirements |
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| 1. What proportionate split do you think is appropriate for a service offering these types and mix of provision and how would this optimise outcomes |
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| 1. What could a blended service look like and have you knowledge and experience of any models or approaches that commissioners can learn from? For example: 2. Cross-authority model? 3. Use of volunteers? 4. Incorporating virtual interventions? (e.g. online groupwork or social/educational interaction opportunites using Zoom or MS Teams ) |
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| 1. What is your understanding of the needs of young people in Camden and the prevalence of emotional, social and mental health issues within the cohort accessing peer support services? |
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| 1. Please provide examples of succesful mechanisms you have used, as part of current or previous contracts, to engage with vulnerable, complex young people, and ensure they are bridged into appropriate services. Do you forsee any barriers in Camden that would impact on your ability to do this? |
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| 1. What do you see as the key challenges and opportunities in delivering these services?   Do you have a view on the current/ potential impact of COVID 19 on models for peer support services? For example;   * Will they become less face to face and more virtual? * Will there be an impact on service capacity, and/ or service cost per hour? |
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| 1. Do you have any thoughts on whether these contracts should be delivered by the same provider or separate providers? For example, should they be:    1. Tendered as two separate Lots? (Lot 1/ Lot 2)    2. Tendered as a single Lot but allowing sub-contracting? (e.g. Lead proviser model)    3. Tendered as single Lot?    4. Tendered as an integrated service?    5. Bundled together (Lot 1/ Lot 2) with another service, e.g. MHST, Youth Early Help? |
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| 1. In what ways do you deliver Social Value to communities, i.e. improvements in the economic, social and/or environmental well-being of the areas? Please explain what you have done previously or are currently doing in this area. (if you currently deliver a service similar to this)? |
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| 1. How would you approach delivering Social Value in Camden as part of any future contract for these services? |
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| 1. In what ways do you think you could promote equality and diversity both within your services and to service users? Please explain what you have done previously or are currently doing in this area as part of your current contracts. |
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| 1. Would you be willing to discuss this further? Please state your preference between a group workshop or meeting on a 121 basis. |
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1. **General Information**

Following this market testing exercise Camden Council will consider options for developing the provision in question.

Please submit your completed questionnaire by email to Jennie Mackeith ([jennie.mackeith@camden.gov.uk](mailto:jennie.mackeith@camden.gov.uk) ), Pippa Aspin (pippa.aspin@camden.gov.uk) and David Walsh ([david.walsh@camden.gov.uk](mailto:david.walsh@camden.gov.uk)) by **noon on Friday the 19th of February 2021**.