**REQUEST FOR INFORMATION:**

**IAPT Services**

**NELFT, BEH & C&I NHS Trusts**

**Completed Responses to be submitted by:**

**24 November 2023 at 13:00**

To: Nichola Lane

 Senior Procurement Specialist

 Via. Atamis - [Welcome (site.com)](https://atamis-1928.my.site.com/s/Welcome)

REF: RFI for IAPT Services

NOTE: Please respond to this request via the Atamis portal.

## **Introduction**

 Barnet, Enfield and Haringey Mental Health NHS Trust, Camden & Islington Foundation Trust and North East London NHS Foundation Trust require a Digital Therapy Service and marketing campaign for IAPT teams across London boroughs.

## Trust(s) Background

**North East London NHS Foundation Trust (NELFT)**

North East London Foundation Trust (NELFT) provides a range of healthcare services to people living in northeast London and in neighbouring Essex; offering specialist mental health and community services for people living in Waltham Forest, Redbridge, Barking & Dagenham and Havering; and additional community services in South West Essex.

Our mental health services include:

• specialist inpatient and community-based treatment and care for people experiencing acute mental illness

• help for children and young people with emotional

• behavioural or mental health difficulties; care for people with dementia

• support for people with problems associated with drug and alcohol misuse

Our community services are provided in clinics, hospitals and in people’s own homes – they include:

• care and support for people living with long term conditions such as diabetes

• speech and language therapy

• health visiting, district and school nursing

• many services that in other areas may be provided in hospital, such as blood testing, footcare and children’s audiology

**Barnet, Enfield and Haringey Mental Health NHS Trust (BEH)**

Barnet, Enfield and Haringey Mental Health NHS Trust (BEH-MHT) is a large provider of integrated mental health and community health services. We have circa 3,300 staff providing mental health services across three boroughs and community health services in Enfield. The Trust serves a population of 1.2 million and operates services from 5 main in-patient sites and a further 17 substantive sites in the community. There are 565 in-patient beds and approximately 148,000 people per year access Trust services.

**Camden & Islington NHS Foundation Trust (C&I)**

• Camden and Islington NHS Foundation Trust (the Trust) provides mental health and social care services, principally in the boroughs of Camden and Islington.

• The Trust delivers the largest national training and education programme for medical and clinical staff in mental healthcare and it ranks 3rd across mental health Trusts nationally in the league table for Research Capability Funding.

Camden and Islington NHS Foundation Trust is the largest provider of mental health and substance misuse services to people living within the London boroughs of Camden and Islington. The Trust sees 25,000-30,000 people a year and covers diverse boroughs with a BME population of 50%. We provide the full range of services for our adult population including talking therapies, a range of community based services, crisis care, acute in patient care and home treatment.

We serve a population that is highly mobile with 30 - 40% of our admissions for people who are previously unknown to our services. The population also has significant need compared with other parts of the country yet our current facilities in the community and particularly on the St Pancras site, are old, lack the required modern therapeutic and safety design, and are unfit for purpose.

To serve our population our strategic priorities remain: early intervention, helping people to live well and research and innovation.

To deliver the future services that our population requires, the Trust has a comprehensive clinical strategy which focuses on:-

• building integrated services and greater capacity in primary care and community settings;

• integrating physical and mental health;

• increasing access to all services (practically through more local provision and better access for those with disabilities and more generally through wider awareness and early referral);

• improving lives and wellbeing through wider integration of social and mental health support;

• reducing stigma.

## Draft Statement of Requirements — (may includes goals and objectives).

* Therapy must be provided by therapists who are fully qualified in the IAPT therapy they are delivering, and who must themselves be supervised by IAPT qualified therapists who have additional supervision training. (Essential). The provider should be able to evidence this and that supervision notes are kept in writing.
* Therapists employed by the provider must be accredited with the appropriate professional body as outlined within the NHS Talking Therapies manual. This is BABCP for CBT therapists or BACP Registered Member (not just BACP membership) or on the register for UKCP or BACP for counsellors. Counsellors should also have IAPT approved qualifications (Essential).
* Therapies offered at step 3 should be delivered in line with NICE guidelines and offering up to the required number of sessions. (Essential).
* Therapists must be offered access to appropriate CPD and staff support (Essential) by the provider.
* Therapy must be provided in a choice of modalities including phone, video and/or text (Desirable). Therapies at step 3 should be mainly via video.
* Therapeutic modalities at step 3 should include CBT (Essential) and Counselling for Depression (Desirable)
* Therapy must be able to be provided out of hours and at weekends when required (Essential)
* Functionality to accept self-referrals and offer assessments as well as referrals generated by the commissioning services. (Essential)
* Capacity to flex and/or increase referral volumes as and when required by commissioning services (Essential)
* Provide recovery rates of 50% or more (Essential).
* Capacity to ensure people are offered treatment within 4 weeks of referral date (Essential)
* Experience of previous successful delivery within IAPT services (Essential)
* Therapy must be provided at step 2 and step 3 (Desirable)
* Capacity to offer own-language therapies in key languages for each borough (Desirable)
* Capacity to offer LTC specific interventions at step 2 and step 3 (Desirable)
* Must complete Patient Experience Questionnaires on IAPTUS.
* Must ensure all demographic and MDS data, clinical progress notes, letters etc are inputted onto IAPTUS in timely manner (Within 48 hours).

## Request For Information – Questions

Suppliers are asked to respond to the below questions to the best of their knowledge to assist in this RFI.

The Trust is seeking guidance from the Market on the feasibility of the draft specification. Please identify any sections that you feel may be an unrealistic expectation.

**Contract:**

1. Are you part of any national Frameworks for digital online therapies?
2. Will you work as a collaboration across the three Trusts, with agreed economies of scale?
3. Do you charge a registration fee when setting up a new contract?
4. Do you accept referrals on an ad-hoc basis, or does it have to be a fixed contract?
5. Please state any experience of working within a community NHS Trust from previous contracts.
6. Are you able to share any lessons learnt and how the service has been improved as a result?
7. Do you collaborate with any other providers or platform suppliers to increase access to online therapies?
8. Do you have any subcontracts to deliver online therapies?
9. Please advise the average duration of treatment, e.g. 8/12weeks?
10. Given a budget of £100,000.00, how many patients will receive –
	* 1. 6-week treatment plan?
		2. 8-week treatment plan?
		3. 12-week treatment plan?

**Therapy Services:**

1. What are the average waiting times for accessing therapy, i.e., 1 week, 6 weeks, 3 months etc?
2. Do you have therapists who speak multiple languages, If so, please state how many languages are available?
3. On average how many languages do each therapist cover?
4. Do you provide any specialist IAPT services, for example culturally specific therapies?
5. How many patients are seen on average per month?
6. If a complaint is received, what procedures are in place to deal with these, to deliver an appropriate outcome?
7. What is the standard cancellation policy for booked appointments?
8. Do you have experience of using IAPTUS systems?
9. What services can you provide for step 1, 2 and 3 therapies?

## Timetable and Next Steps

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| RFI Published  | **10 November 2023** |
| RFI Deadline  | **24 November 2023**  |