

**NHS SOMERSET
PROCUREMENT OF AN EMOTIONAL HEALTH AND WELLBEING SERVICE
FOR SOMERSET**

1 INTRODUCTION

1.1 This paper sets out the background and results of a recent tendering process to secure a new Emotional Health and Wellbeing Service for Somerset. It also sets out the financial and service evaluation undertaken by the Tender Evaluation Panel together with the final recommendations for discussion and approval by the Primary Care Trust Board.

1.2 The value of the tender is £2,900,000.

2 BACKGROUND

2.1 On 10 October 2007, the Secretary of State for Health announced additional new funding of £173,000,000 to improve access to psychological therapies. The Improving Access to Psychological Therapies programme (IAPT) is a national initiative which aims to ensure that all adults with common mild to moderate mental health problems such as anxiety and depression can access therapy, in particular talking therapy, close to where they live.

2.2 The launch of the national IAPT programme was timely as NHS Somerset commissioners had already commenced work on the procurement of a new, countywide primary care mental health service for adults over the age of 18. Led by NHS Somerset in collaboration with WyvernHealth.com and involving Somerset County Council, initial proposals were subject to a three month period of public consultation between December 2007 and February 2008.

2.3 Feedback from the consultation process, together with information drawn from parallel consultation about mental health services for people from black and ethnic minority backgrounds (culminating in the report 'A Light at the End of the Tunnel'), locally derived information on mental health incidence/prevalence and deprivation, have, together with the requirements of the IAPT approach, directly influenced the content of the Service Specification which was presented to the November 2008 meeting of the Professional Executive Committee.

2.4 The core components of the new service include:

- the provision of National Institute of Clinical Excellence (NICE) compliant psychological therapies, primarily time limited Cognitive Behavioural Therapy (CBT) or interventions based upon CBT principles, such as computerised CBT, guided self-help, sleep and anxiety management, psycho-educational courses, delivered within a very structured model of service delivery (the stepped care approach) in non-stigmatising settings

- access to other appropriate therapies where an initial course of CBT has not proved beneficial or where needs are unlikely to be met through CBT or CBT alone
- onward referral to appropriate community based initiatives, including opportunities for self help, exercise programmes, employment and housing support or debt/benefit advice
- a high degree of collaborative working to deliver seamless services, increased awareness of the signs and symptoms of common mental health problems and a reduced level of stigma

2.5 It is intended that Somerset's new Emotional Health and Wellbeing service will completely replace existing forms of service delivery (largely practice based counselling) and provide the following benefits:

- faster access to a choice of appropriate help and support for people with mild to moderate common mental health problems such as anxiety and depression
- a more consistent and equitable service to a greater number of local people
- A more evidence based approach to service delivery
- greater integration across the different 'tiers' of mental health service provision
- a more informed and educated workforce within primary care/community settings, with heightened awareness of the prevalence of common mental health problems and able to identify associated signs and symptoms
- a reduction in the number of unnecessary hospital admissions
- an inclusive service that is sensitive to the needs of vulnerable sections in society and addresses inequalities of provision
- improved value for money
- a key contribution to the successful implementation of NHS Somerset's Mental Health Promotion Strategy

2.6 The new service will also meet NHS Somerset's requirement to introduce an IAPT compliant approach for the management and delivery of services for adults of working age with common mild to moderate mental health problems. In the South West region, the Strategic Health Authority is co-ordinating implementation of local IAPT services at an 'accelerated' rate, supported by a significant level of new funding (approximately £1,400,000 identified for Somerset). As a wave three site, Somerset is expected to have an IAPT compliant service in place for 1 October 2009. Delays in

meeting this deadline could impact upon the level of new funding that will be available.

2.7 Expected key outcomes include:

- a general improvement in mental health and wellbeing
- improved patient experience
- an improved level of social inclusion
- a reduction in the number of people in receipt of incapacity benefit and greater numbers of people returning to paid work

3 STAKEHOLDER ENGAGEMENT

Formal consultation process

- 3.1 The formal consultation process commenced in November 2007 and continued until 8 February 2008.
- 3.2 A document which outlined the current models of service delivery and the underpinning principles of a 'new' approach was produced to support the consultation process. The document was widely circulated along with a brief summary version which simplified the information and made it more accessible, particularly for members of the public. The summary version was also translated into other formats (including Polish and Portuguese).
- 3.3 In January, four public meetings were held in different parts of the county (Street, Taunton, Bridgwater and Yeovil) to invite discussion and feedback. Chaired either by the Deputy Chief Executive or the Director of Secondary Care Development of NHS Somerset, a total of 56 members of the public and other interested groups and individuals (including service providers) attended. At each meeting, a general practitioner joined Trust representatives to provide a primary care perspective and clarify and/or respond to any clinical issues raised by attendees. A representative from Somerset County Council Community Directorate was also present to provide an adult social care perspective and to clarify and/or respond to any questions about local authority delivered services.
- 3.4 A further two meetings were held between commissioners and providers of mental health services, in particular, practice based counsellors. Presentations were also made to interested groups and organisations on request.
- 3.5 A previously planned series of 'outreach' events for people from black and ethnic minority groups (including migrant workers) provided an additional opportunity to discuss mental health services and obtain the views of these often 'hard to reach' groups.

3.6 A total of 159 written responses were received, of which 96 were 'anonymous'. From the comments made, it could be assumed this group probably comprised people who had previously received or were receiving mental health support and services (secondary mental health services as well as those based in primary care/local community), carers, people who may have needed services but were unable to access them, also clinicians who do not wish to identify themselves by name. A total of 22 responses were received from individual general practitioners or primary care practices (a response was also received from the Local Medical Committee); 8 responses were received from voluntary groups or independent providers of mental health services; 8 responses were received from practice based counsellors and a separate 'group' response (representing the views of counsellors providing services in the Taunton Deane area) was also received.

3.7 Together with the issues and helpful ideas articulated at meetings, the consultation process produced a rich and diverse mix of feedback. Key recurring comments included:

- services need to be accessible and include the ability to self refer
- they should meet the needs of older people and young people (where appropriate)
- services should be available outside traditional office hours
- most people want services delivered through their GP practice – but not all
- people want help tailored to their needs – a range of interventions, not 'one size' for all
- people recognised the need for joined up services – with links beyond the practice setting
- many people feel uncomfortable about being labelled with a 'mental health' problem and worry about being stigmatised – Emotional Health was the preferred term
- black and ethnic minority groups (including migrant workers) want easy access to the service and help with understanding it
- information and help with maintaining emotional wellbeing and avoiding ill health is valued
- existing counselling services are well regarded, particularly by general practitioners, but are insufficient to meet the volume or breadth of demand

3.8

A stakeholder meeting was held in April 2008 to share the results of the consultation. There was broad consensus that the key themes emerging from the consultation process and the approach used for analysis were robust. Key themes were then incorporated into the service model outlined in the specification

- the new service will be called Somerset's Emotional Health and Wellbeing Service
- unlike the Government's national IAPT initiative, Somerset's Emotional Health and Wellbeing Service will be available to adults of ALL ages
- Somerset's Emotional Health and Wellbeing Service will not be available to people under 18 as a routine. However, for some 16 and 17 year olds, individual choice and clinical judgment may occasionally result in access to the service
- people will be able to self refer to the service although the majority of referrals are expected to derive from primary care
- the service will be expected to deliver or facilitate access to support and services that will meet the assessed needs of all referred (or self referred) adults, whatever their age or presenting diagnosis. This may entail onward referral to other service providers or appropriate community based initiatives, including opportunities for self help.
- whilst the IAPT approach focuses predominantly on the delivery of Cognitive Behavioural Therapy (CBT), counselling will be considered if, following a comprehensive assessment of need, counselling is perceived to be more beneficial than CBT or a prior course of CBT has proved unsuccessful
- people will have an element of choice in the location for their treatment, which will include practice based settings
- the service will be accessible for at least two evenings per week and weekends
- the specification places particular attention on the importance of developing systems that will enable people from traditional 'hard to reach' groups to access Somerset's Emotional Health and Wellbeing Service (such as people with learning disabilities, people from black and ethnic minorities, homeless people) and ensure that any needs for flexibility in access and service delivery are met.
- a paper based/web site information resource will comprise an integral element of the new service to aid the 'signposting' function and assist the Somerset community more generally

Stakeholder involvement in the development of the service specification

- 3.9 A small Operational Group, comprising key stakeholders (but not service providers or potential providers) was tasked with developing the service specification and associated care pathways. The importance of involving service user representatives in this work was recognised. However, unlike people with experience of secondary care mental health services, it is widely recognised that people with mild to moderate common mental health problems do not readily identify themselves as ‘service users’ and suitable representatives were difficult to find. People with experience of secondary care mental health services were available and welcomed to participate in the work of the Operational Group although they were not the principal target group for service delivery.
- 3.10 For the procurement process, the scope of service user involvement was extended to include people with experience of common mental health problems.

4 OVERVIEW OF THE PROCUREMENT PROCESS

- 4.1 Key stages of the procurement process timetable were as follows:

Table 1 – Procurement milestones

Milestones / Events / Deadlines	Date
Issue advert to Supply2Health, national and local press for publication week beginning 26 January 2009	26 January 2009
Advert, Instruction and Information to Bidders and Pre-Qualifying Questionnaire published on Primary Care Trust website	26 January 2009
Deadline for expressions of interest (EOI)	11 March 2009
Deadline for receipt of completed Pre-Qualification Questionnaires (PQQ)	11 March 2009
Primary Care Trust evaluation of PQQs completed and shortlist selected	17 March 2009
Issue invitation to Tender documentation to short listed candidates (ITT)	25 March 2009
Bidder information Day	1 April 2009
Deadline for return of completed bids	05 May 2009
Formal bid opening Meeting (to include Wyvernhealth.com)	06 May 2009
Emotional Health and Wellbeing Service ITT Evaluation Panel Final Tender evaluation	15 May 2009
Lay User Interview Panel Preparation Day	20 May 2009
Bidder interviews	28 May 2009
Emotional Health and Wellbeing Service Tender Evaluation Panel final consolidation event	29 May 2009
Emotional Health and Wellbeing Service Procurement Team recommendation to NHS Somerset Board for consideration	8 July 2009 15 July 2009

- 4.2 A total of 17 Expressions of Interest were received and following the completion of the pre-qualification stage, the following five bidders were invited to submit responses to the Invitation to Tender (ITT) documentation:

- Dorset Healthcare NHS Foundation Trust
- 2gether NHS Foundation Trust
- Mental Health Matters
- Somerset Community RightSteps
- Rethink, Somerset Partnership NHS Foundation Trust with University of Exeter

4.3 Shortly after the issue of Invitation to Tender Dorset Healthcare NHS Foundation Trust informed commissioners of their decision to withdraw from the tendering process. 2gether NHS Foundation Trust also joined with Mental Health Matters to form a consortium bid.

4.4 On 5 May 2009, NHS Somerset received bid documentation from:

- Somerset Community RightSteps (Somerset Community Health with Turning Point, the three Somerset based MIND organisations and Somerset Racial Equality Council)
- Rethink, Somerset Partnership NHS Foundation Trust with University of Exeter
- 2gether NHS Foundation Trust with Mental Health Matters

5 TENDER EVALUATION PROCESS

5.1 Received bids were evaluated by the Bid Evaluation Panel and scored using the criteria outlined in Appendix A. A financial evaluation was undertaken and bidders were also invited to an interview on 28 May 2009. The tender evaluation process was weighted as follows:

Table 2 – Tender evaluation process weighting

	Weight
Bid evaluation	50%
Financial evaluation	10%
Interview	40%

Evaluation criteria

5.2 The evaluation criteria for the bids was designed to allow the selection of bids that represent the most economically advantageous offer judged on compliance with the service specification (in particular Wave 3 IAPT requirements), service quality, performance, risks and overall cost effectiveness.

5.3 The contract will be awarded to the bidder that achieves the highest score based on the following criteria applied to the bid, financial assessment and interview.

- bid and interview– the assessment of bid and the interview considered the bidder’s service proposals against the requirements set out in the Invitation to Tender document
- financial assessment
- risk – the assessment of risk considered the level of risk (graded high, medium and low) on the basis of information set out in the tender, through the panel presentation and interview for the following areas:
 - * Financial
 - * Mobilisation
 - * Service Delivery

5.4 Tender evaluation was undertaken by the Emotional Health and Wellbeing Service Tender Evaluation Panel, which included representatives from NHS Somerset, WyvernHealth.Com, Somerset County Council and an independent expert, taking into account the advice and input from the three interview panels

- management interview panel
- technical/professional interview panel
- lay user interview panel

5.5 All panel members were bound by the NHS Somerset conflict of interest/confidentiality rules and a Non-Executive Director from NHS Somerset was present as an observer throughout each part of the evaluation process. This provided assurance that due process was being followed at all times.

6 OUTCOME OF DETAILED EVALUATION

6.1 The summary of final scores for the bid evaluation and panel interviews is provided in Table 3 below

Table 3 – Table of final score excluding finance evaluation

	Bid	Interview	Total
Somerset Community RightSteps	39.5	25.6	65.1
Rethink, Somerset Partnership NHS Trust with University of Exeter	37.7	26.8	64.5
2gether NHS Foundation Trust with Mental Health Matters	29.8	16.1	45.9

6.2 In considering the tender evaluation scores for the bidders, the Evaluation Panel and Interview Panels made the following key comments:

Somerset Community RightSteps

- 6.3 This is a partnership bid involving Somerset Community Health and Turning Point with the three Somerset MIND branches and Somerset Racial Equality Council (SREC) as sub-contractors for some elements of service. Turning Point is involved in two other IAPT implementation sites in London and in Bristol. Consortium partners are currently delivering services locally but Somerset Community RightSteps is a relatively new partnership, established for the purposes of the bid.
- 6.4 The bid and the interview provided a high level of detail about how each aspect of the specification would be met. This included a thorough and considered plan to meet IAPT workforce requirements based upon previously undertaken work to define skills/ training deficits within Somerset Community Health's psychological therapies service. Discussions had been held with interested self employed counsellors with a view to enhancing opportunities for retaining skills and experience in the locality.
- 6.5 It was evident at the interview that good relationships with local primary care/general practitioners were already in place. A clear approach had been identified for meeting hard to reach groups in Somerset.
- 6.6 The Somerset Community RightSteps bid described a comprehensive IAPT compliant Information Management and Technology based data collection and submission process.

Rethink, Somerset Partnership NHS Trust with University of Exeter

- 6.7 Rethink and Somerset Partnership NHS Foundation Trust have a successful history of joint working in service delivery. Rethink is involved in three other IAPT services elsewhere in the country. The University of Exeter is a provider of training for High Intensity therapists in the NHS South West area.
- 6.8 The Rethink, Somerset Partnership NHS Trust with University of Exeter bid described a comprehensive IAPT compliant Information Management and Technology based data collection and submission process.
- 6.9 Some work has already been undertaken to develop links and working relationships with community based organisations and a plan to manage implementation had been developed. However, the requirements of the South West region's accelerated plan for IAPT implementation and the development work already undertaken by NHS Somerset did not appear to have been fully recognised.
- 6.10 To offset potential workforce pressures, the bid outlined plans for the continued use of self employed counsellors for up to a year. However, the structure for governance during this time was unclear.

6.11 The bid used terminology more familiar to a secondary care setting, such as references to ‘the recovery model’. Also, the approach to service delivery, such as the use of Support Time and Recovery staff and volunteers to implement and review individual ‘recovery support’ plans, and the use of secondary care resources in supporting implementation and delivering training, did not fully resonate with the requirement for a truly primary care based service.

2gether NHS Foundation Trust with Mental Health Matters

6.12 2gether NHS Foundation Trust has been awarded the contract for the provision of IAPT services in Gloucestershire and Mental Health Matters was involved in the original Newham IAPT demonstration programme. Both parties were therefore familiar with the national IAPT programme and the requirements for service delivery. However, a collaborative approach between 2gether NHS Foundation Trust and Mental Health Matters was formulated late in the tender process (after the short listing stage) raising concerns that the partnership might still be under-developed.

6.13 Although the IAPT aspect was well covered, the bid did not appear to be tailored to the service specification or provide sufficient assurance that the particular characteristics of the county of Somerset and existing resources/ facilities including suitable facilities for service delivery, had been taken into account. In addition the programme leadership and the clinical leadership would be shared with the Gloucester service, and there was insufficient assurance provided as to the level of locally based leadership.

7 OUTCOME OF FINANCIAL EVALUATION

7.1 A financial evaluation was undertaken on each organisation that submitted a bid.

7.2 The offer financial schedules were evaluated and scored in line with allocated weighting and considered the following

- total price compared with available budget
- whether all information was supplied and in the correct format
- extent to which the offer demonstrates comprehensive and full inclusion of all anticipated service costs.

7.4 Table 4 below shows the final financial evaluation scores

Table 4 - Financial evaluation scores

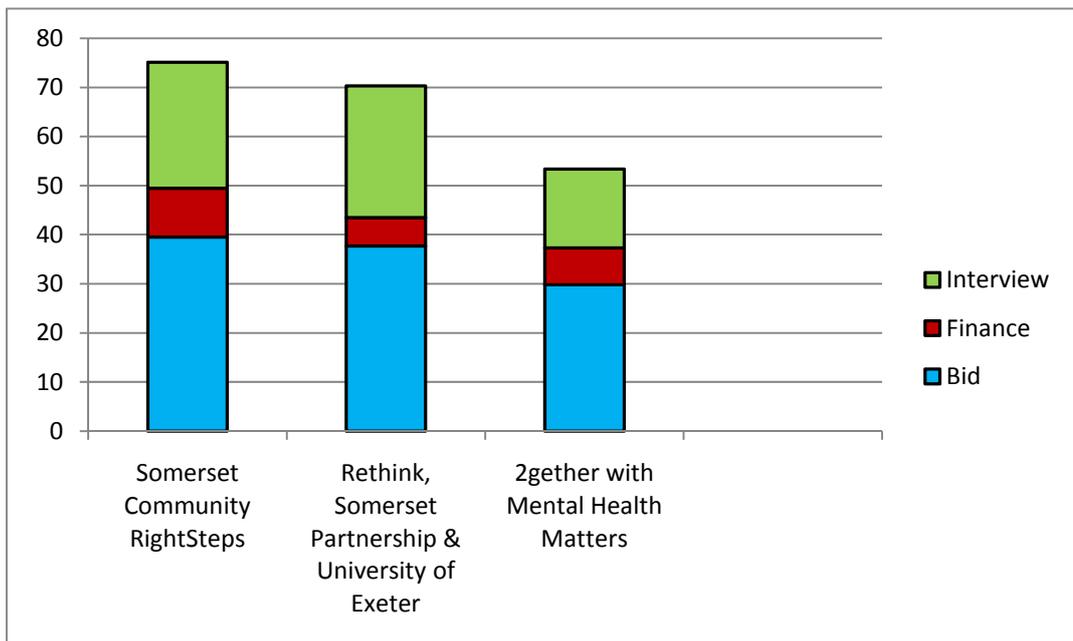
Criteria	Maximum Weighted Score	Somerset Community RightSteps	Rethink, Somerset Partnership NHS Foundation Trust with University of Exeter	2gether with Mental Health Matters
TOTAL	12	12	7	9

7.5 Table 5 below shows final bidder ranking including financial evaluation.

Table 5 – Table and Graph of final score including financial evaluation scores, expressed as percentage of maximum scores

	Bid	Finance	Interview	Overall Ranking (100%)
Somerset Community RightSteps	39.5%	10.0%	25.6%	75.1%
Rethink, Somerset Partnership NHS Trust with University of Exeter	37.7%	5.8%	26.8%	70.3%
2gether NHS Foundation Trust with Mental Health Matters	29.8%	7.5%	16.1%	53.4%

Graphical representation of final scores



8 CONSIDERATION OF RISK

8.1 The risk areas considered during this part of the evaluation were

- financial - the financial robustness of the bid and the bidder
- mobilisation - this risk of failure to mobilise the new service in accordance with the contract timetable
- service delivery – the risk to effective service delivery of the specified service and critical success factors

Financial

8.2 Both Somerset Community RightSteps and 2gether NHS Foundation Trust with Mental Health Matters submitted offer prices within the budget. However, 2gether NHS Foundation Trust with Mental Health Matters identified the lowest staff complement and associated staffing costs.

8.2 The offer price for Rethink, Somerset Partnership NHS Trust with University of Exeter was above the budget.

Mobilisation

8.3 Somerset Community RightSteps provided clear evidence of preparation for service delivery and is well placed to mobilise. However, the timescale for setting up and establishing the proposed IAPT data collection system was of concern. Somerset Community RightSteps was therefore considered a **moderate** risk.

8.4 Although Rethink, Somerset Partnership NHS Trust with University of Exeter provided clear evidence of preparation for service delivery, they were considered a **high** risk. The timescale for setting up and establishing the IAPT data collection system was again a concern. In addition, the ability of the consortium to meet IAPT workforce requirements is dependent upon the success of TUPE arrangements and prior engagement with self employed staff appeared to be limited.

8.5 2gether NHS Foundation Trust with Mental Health Matters were considered a **high** risk. There was little evidence of prior research into local needs, structures and processes and there was insufficient assurance that the service could mobilise in time to meet the 1 October IAPT wave three launch date.

Service Delivery

8.6 Somerset Community RightSteps was considered a **low** risk. The model of service delivery currently provided by Somerset Community Health is compatible with an IAPT approach and key links and relationships are robust and established.

8.7 Rethink, Somerset Partnership NHS Trust with University of Exeter were considered a **moderate** risk. The ability of the service to deliver Low Intensity interventions was not in doubt but there was less confidence in the proposed structure/approach for delivering High Intensity interventions. There was also a concern as to whether the service was sufficiently primary care focused.

8.8 2gether NHS Foundation Trust with Mental Health Matters was considered a **high** risk. Although familiar with the IAPT requirements for service delivery, there was no assurance that the difference between a generic IAPT service and the particular requirements of the specification had been recognised.

9 SUMMARY OF CONCLUSIONS

9.1 The evaluation criteria for the tender were designed to allow the selection of the bid that represented best value for money rather than the lowest price. Best value for money was defined as that which is judged to offer the optimum combination of service delivery and performance, as detailed in the Invitation to Tender, the bid offer and the risk profile.

9.2 Against this profile the overall ranking of tenders – based on evaluation and scoring was as follows:

Somerset Community RightSteps	1
Rethink, Somerset Partnership NHS Trust with University of Exeter	2
2gether with Mental Health Matters	3

9.3 The overall risk ranking based on risk assessment (1 being lowest risk) was:

Somerset Community RightSteps	1
Rethink, Somerset Partnership NHS Trust with University of Exeter	2
2gether with Mental Health Matters	3

9.4 Somerset Community RightSteps is considered to be well placed to implement a service with a high level of fidelity to the service model and meet IAPT workforce requirements within the challenging timescale available.

10 FINAL RECOMMENDATION

10.1 Of the three shortlisted bidders two are considered able to deliver the Emotional Health and Wellbeing service – Somerset Community RightSteps and Rethink, Somerset Partnership NHS Foundation Trust with University of Exeter. Of these, Somerset Community RightSteps achieved the highest overall score with a lead of 4.8 percentage points and provided the greatest assurance that the model of care will most closely meet the service specification, is within the budget and will be delivered on time.

10.2 It is the recommendation of the Tender Evaluation Panel that Somerset Community RightSteps is nominated as the preferred provider for the Somerset Emotional Health and Wellbeing service.

BID EVALUATION AND WEIGHTING CRITERIA

Bidders responses to the questions asked in the ITT documentation will be awarded scores in accordance with the scoring methodology which is explained below. The awarded score for each response will then be **multiplied** by the question weighting to give a "weighted score" for each response. The weighted scores will then be added together to give a final Bid Score.

Scoring Methodology

Response	Score
Not Compliant <i>Does not meet requirements</i>	0
Poor Response <i>Meets requirements - Inadequate details given</i>	1
Satisfactory Response <i>Meets requirements with satisfactory detail given</i>	2
Good Response <i>Meets Requirements and demonstrable added value</i>	3

Table A1 Scoring schedule

The higher score (Good Response) will only be awarded to bidders who meet the requirement and can demonstrate added value.

Weighting criteria is given below in Table A2.

Table A2. Bid Questions and Weighting criteria

Ref	Questions	Weighting
1	<p>Somerset Primary Care Trust regards the following as three major challenges in ensuring that the service will be successfully launched in October 2009.</p> <ul style="list-style-type: none"> a. Meeting the training requirements of therapists, b. Ensuring a safe and effective Service transition, c. Development of Care pathway with key contributing partners (in particular Primary Care). <p>Detail the management approach you intend to take with each.</p>	<p>20</p> <p>20</p> <p>25</p>
2	<p>Provide a detailed description of how you intend to meet all elements of the service model, in particular:</p> <ul style="list-style-type: none"> a. management structure b. location of service delivery c. referral pathway and assessment/triage processes d. workforce requirements including how you will meet the clinical supervision requirements for IAPT training that will commence when the service is launched e. service availability f. the signposting function 	25
3	How will you manage the TUPE arrangements?	20
4	Please provide an overview of your pension policy and attach this with your submission.	20
5	What would be your approach for meeting any unexpected increase in service demand?	25
6	Describe how you will ensure that people will receive a positive experience of service delivery (responses should be structured around accessibility, environment and issues of choice).	25
7	Please outline how you will ensure that ongoing staff training and development requirements will be met, in particular, access to high intensity and low intensity IAPT training (which may exceed the number of university training places secured for Somerset therapists in October 2009/10)	20
8	What added value does your bid bring to the people likely to use your service, commissioners and the wider health and social care community in Somerset?	25
9	Somerset Primary Care Trust expects that the new service provider will design a structure which achieves a sustainable balance between meeting the clinical demands of the service and ensuring sufficient management and supervision. Outline the approach taken in your proposal to ensure this balance is met, both in terms of manpower and service costs.	10
10	Describe how you propose to collect, process and submit all 12 lines of IAPT Key Performance Indicators (please refer to <i>Technical guidance for IAPT Key Performance Indicators</i> document available from www.iapt.nhs.uk). Your answer should detail IT system of choice, how you intend to allow system user (e.g. Therapist) access across multiple sites, your experience of submitting KPI data to the NHS Information Centre and commissioners.	20
11	Please provide an outline implementation plan based on a service launch date of October 2009, highlighting the resource requirements and milestones required.	20