Appendix 1

SERVICE SPECIFICATION

FOR THE PURCHASE OF THE

COMMUNITY MENTAL HEALTH AND
WELLBEING SERVICE

This document defines the Community Mental Health and Wellbeing Service Specification

To commence on 1st April 2016

Copyright © The Kent County Council 2015. This material may not be copied or published without the Kent County Council's permission in writing

October 2015
# Community Mental Health and Wellbeing Service Specification

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table of Contents</td>
<td>2</td>
</tr>
<tr>
<td>1.0 Definitions</td>
<td>3</td>
</tr>
<tr>
<td>2.0 Introduction</td>
<td>8</td>
</tr>
<tr>
<td>3.0 The Vision for the Service</td>
<td>9</td>
</tr>
<tr>
<td>4.0 Alignment to Strategic Priorities and Outcomes</td>
<td>9</td>
</tr>
<tr>
<td>5.0 The Approach of the Service</td>
<td>12</td>
</tr>
<tr>
<td>6.0 The Role of the Strategic Partner</td>
<td>15</td>
</tr>
<tr>
<td>7.0 The Role of the Delivery Network</td>
<td>17</td>
</tr>
<tr>
<td>8.0 Market Stewardship</td>
<td>18</td>
</tr>
<tr>
<td>9.0 The Role of KCC and CCG’s</td>
<td>21</td>
</tr>
<tr>
<td>10 Service Specific Requirements</td>
<td>21</td>
</tr>
<tr>
<td>11. Service Expectations</td>
<td>24</td>
</tr>
<tr>
<td>12. Performance Monitoring and KPI's</td>
<td>25</td>
</tr>
<tr>
<td>13. Contract Governance</td>
<td>25</td>
</tr>
<tr>
<td>15. Quality Standards</td>
<td>26</td>
</tr>
<tr>
<td>16. Useful Documents</td>
<td>28</td>
</tr>
<tr>
<td>17. References</td>
<td>30</td>
</tr>
</tbody>
</table>

### Appendix 2

Improving Access to Psychological Therapies Specification (IAPT) (for Dartford, Graveshaw and Swanley CCG and Swale CCG)
Primary Care Mental Health Specialists Specification (for Dartford, Graveshaw and Swanley CCG and Swale CCG)
Personality Disorder Peer Support Specification (for Dartford, Graveshaw and Swanley CCG and Swale CCG)

### Appendix 3

Performance Framework

### Appendix 4

Equalities Monitoring

### Appendix 5

Mobilisation and Transition Specification

### Appendix 6

Outcomes Payment
1.0 **Community, Mental Health and Wellbeing Definitions**

There are a number of definitions set out in the tender documents and below is a summary of the key terms. *Note: There may be a more detailed description in the tender documents and further links provided*

| **Brief Advice:** | 'Brief advice' is used to mean verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. It can vary from basic advice to a more extended, individually focused discussion. When delivering brief advice, tailor it to the person's motivations and goals; current level of activity and ability; circumstances, preferences and barriers. Provide information about local opportunities to be physically active for people with a range of abilities, preferences and needs and record the outcomes of the discussion. |
| **Brief Intervention** | Proactively raising awareness of, and assessing a person’s willingness to engage in further discussion about healthy lifestyle issues. A structured way to deliver advice that constitutes a step beyond brief advice because more formal help is provided, such as arranging follow-up support. Brief interventions aim to equip people with tools to change attitudes and handle underlying problems. |
| **Business Continuity** | A process that identifies potential threats to an organisation, the impacts to business operations that those threats, if realised, might cause, and which provide a framework for building organisational resilience with effective response that safeguards the interests of its key stakeholders. |
| **Care Programme Approach: (CPA)** | A Care Programme Approach is a Government programme to ensure that people with a severe mental illness known to secondary mental health services have their care co-ordinated through a care plan. |
| **Community Mental Health and Wellbeing Steering Group** | The Community Mental Health and Wellbeing Steering Group set up to deliver the Community Mental Health and Wellbeing Service across Kent, to oversee and agree principles, procedures and processes. |
| **Co-production:** | “Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families, carers and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.” *The Challenge of Co-production (2009)* ¹ |
| **Delivery Partner:** | A Delivery Partner will form part of the overall supply chain/Delivery Network and deliver services to Kent residents. |
| **Disaster Recovery Plan** | A disaster recovery plan is a documented process or set of procedures to recover and protect a business in the event of a disaster, such a plan, ordinarily documented in written form, specifies procedures an organization is to follow in the event of a disaster. It is “a comprehensive statement of consistent actions to be taken before, during and after a disaster”. |
| **Employment Model:** | The employment model should be based on the Individual Placement and Support (IPS) approach. |
| **Health Inequalities:** | Health inequalities are avoidable variations in health status of groups and individuals and are a complex issue. There is evidence that the population in areas with high deprivation experience higher morbidity and mortality than those areas with low deprivation (Marmot strategic review, 2010). Health inequalities are ultimately measured by Life Expectancy at Birth and All Age All-Cause Mortality rates and a range of shorter-term performance indicators set by the Public Health Outcome Framework. One of the success factors for improving public's health for Local Authorities and Clinical Commissioning Groups will be assessed on how well they are reducing health. |
Inequalities in their area.

**Improving Access to Psychological Therapies (IAPT)**

Improving Access to Psychological Therapies - Talking therapies, sometimes known as psychological therapies, can help people cope with:
- stress
- anxiety
- depression
- emotional problems
- relationship problems
- troublesome habits like OCD (Obsessive Compulsive Disorder)
- phobias
- other problems, such as hearing voices and Post Traumatic Stress Disorder
- anger management
- bereavement

Talking therapies are available free on the NHS for people who meet the eligibility criteria. This procurement includes IAPT only for DGS CCG and Swale CCG.

**Indicators / Key Performance Indicators**

Indicators are ways of knowing that an outcome has been achieved, or show progress against an outcome. The key indicators set out for this contract are provided in Appendix 3 Performance Framework.

**Information Governance**

Information governance (IG) is a framework that brings together all the requirements, standards and best practice that apply to the handling of information to ensure compliance with the law, including The Data Protection Act 1998 (DPA), Freedom of Information Act 2000 (FOI) and Environmental Information Regulations 2004 (EIR). The framework is designed to assist with the application of rules concerning confidentiality, privacy, data security, consent, disclosure and access to records.

**Innovation Grant**

Commissioners are keen to see innovation in the new service. They have therefore proposed the idea of an innovation grant which will help to fund elements of the service that may not fit with their standard delivery model.

It is anticipated that KCC and CCG’s would be part of the sign off process for this funding.

**Mainstream**

Shared by most people and considered as normal. In this example activities and services undertaken or accessed in ordinary local or wider community settings.

**Make Every Contact Count (MECC)**

Making Every Contact Count (MECC) is about encouraging and empowering people to make healthier lifestyle choices to achieve positive long-term behaviour change. The fundamental idea underpinning the MECC approach is simple. It recognises that staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals from the local population. Staff and volunteers working within these settings are in an ideal position to promote health and healthy lifestyles.

**Market Stewardship**

Ensuring the Delivery Network is managed in line with the Market Stewardship Principles defined in the specification.

**Mental Health**

Mental Health is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO 2003)^2.

**Mental Health Care Cluster**

A Mental Health Care Cluster is part of a currency developed to support the National Tariff Payment System for Mental Health Services. Mental Health Care Clusters are 21 groupings of Mental Health patients based on their characteristics (assessed and rated using the Mental Health Clustering Tool), and are a way of classifying individuals utilising Mental Health Services that forms the basis of CCG payment.

**Mobilisation Phase**

The mobilisation phase will run from the (date of contract award) until the service start date (1st April 2016). The mobilisation plan is fundamental to ensure a smooth transition of current services to the new services. See Appendix 5

**Motivational**

Motivational interviewing is a collaborative, goal-oriented style of communication with particular
| Interviewing | attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion. |
| No Wrong Door | Staff and organisations are able to connect individuals and/or families with the appropriate service(s) in a manner that is streamlined, effective and seamless from the individual’s and/or family’s perspective, even if that service(s) is not offered by their organisation or within their sector. |
| Outcomes | Conditions of wellbeing for children, adults, families, communities or the environment. They can be described as the end state or how we want people to be better off as a result of our activity. For example individuals have improved wellbeing. |
| Output/s | Outputs are a quantitative summary of an activity. An output tells you an activity has taken place, but it does not tell you what changes as a result. |
| PCMHS – Primary care mental health specialist | Primary Care Mental Health Specialists. These are qualified mental health staff, usually from a community psychiatric nursing background or occupational therapy. These specialist posts relates only to the following CCG areas: DGS CCG and Swale CCG. |
| Personality Disorder Peer support group | Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others. This service is to be provided in the DGS CCG and Swale CCG areas. |
| Primary Care Social Care workforce | Kent County Council is developing a primary care social care service which will sit outside of the secondary mental health service. This will enable the Council to meet the requirements of the Care Act. The service will be line managed by a County wide Manager. It will be co-located in the Community Mental Health and Wellbeing service. It is anticipated that there will be at least 2 qualified social workers for each lot. |
| Procurement | The legal and technical process of seeking bids and acquiring goods or services from an external organisation. It is one part of the commissioning cycle. When a good or service is put out to tender, contracts are drawn up and the good or service is ‘purchased’ or procured. |
| Recovery | Recovery is a process of change through which people who experience mental health difficulties improve their health and wellbeing, live a self-directed life and strive to achieve their full potential. |
| Resilience | Resilience is the ability to cope with life’s challenges and to adapt to adversity. Levels of resilience can change over the course of a person’s life. |
| Service Specific Models | There are a number of models that have been outlined in the specification and are expected to be included in the final provider model. Other ways to deliver outcomes are not specified to ensure the contract has an outcome focus. It is anticipated that these elements would be part of the final delivery model. |
| Social inclusion | Social inclusion is about involving everyone in society, making sure all have opportunities to work or take part in social activities. |
| Social value | The Public Services (Social Value) Act 2012 requires commissioning authorities to demonstrate how the service to be procured will “improve the social, environmental and economic well-being of the relevant area”. Social Value is also a wider term for value beyond the financial element. |
| Strategic Leadership: | The process of using a well-considered approach to communicate a vision for an organisation or one of its parts. Strategic leadership typically manages, motivates and persuades staff to share that same vision, and can be an important tool for implementing change or creating organisational structure within a business. |
| Strategic Partner: | The Strategic Partner will hold the contract with Kent County Council/Clinical Commissioning Groups and will be ultimately responsible for the delivery of the whole Community Mental Health... |
Short Term Recovery
The Short Term Recovery Model believes that recovery is a uniquely personal process by which people identify and work towards achieving the goals and aspirations that they have set for themselves to enable them to live what they believe is a meaningful and fulfilling life. It is designed to meet the needs of people experiencing mental health difficulties and aims to optimise their potential through a variety of interventions. This service will be co-located in the new service.

The Kent Partners' Compact
A partnership agreement between the Voluntary & Community Sector (VCS) and the public sector in Kent. It is a jointly agreed framework for mutual working. It expresses the desire of the VCS and the public sector to work together better. It also provides a framework where mutual respect, understanding and fair treatment are the building blocks for true partnership. (Link to Kent Partners Compact 2012)

The Outcomes Star
The outcomes star is a measurement tool that can be used to capture progress of the service user towards greater independence and social inclusion.
http://www.homelessoutcomes.org.uk/resources/1/OutcomesStar/OutcomesStar.pdf - Providers are not expected to use this as a measurement tool – but it is an example tool to measure outcomes.

TLAP Mental Health “I” Statements
‘Think Local Act Personal’ Mental Health “I” Statements
‘Who am I, How I wish to be supported, What’s important to me, How people behave with me.
http://www.thinklocalactpersonal.org.uk/_library/MakingItReal/NoAssumptionsFinal27_August.pdf

Transition Steering Group
The Group responsible for monitoring progress against the Mobilisation Plan and agreeing any changes

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)
This is a prototype measure (Tennant et al. 2007). It focuses on the positive aspects of mental health. It is short and easily understood as an instrument of mental wellbeing by the public and can be seen as an intervention in its own right.
http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/

Providers are not expected to use this as a measurement tool – but it is an example tool to measure outcomes.

Wellbeing:
Wellbeing has been defined as “more than the absence of mental illness or pathology”. It implies ‘completeness’ and ‘full functioning’ and includes such concepts as emotional wellbeing, satisfaction with life, optimism and hope, self-esteem, resilience and coping, spirituality, social functioning, and emotional intelligence - NHS (2008).

Your Welcome Standard
The Department of Health, England has the devised You’re Welcome Quality criteria to encourage both NHS and non-NHS health service providers to improve their services for young people. The quality criteria are helping to provide a framework for change and hope to promote better health Outcomes for this group. You’re Welcome can support services to become young people friendly, and to increase health workers skills in working effectively, appropriately and sensitively with young people.

Six Ways to Wellbeing
‘Six Ways to Wellbeing’ are actions that are shown by research to improve people's wellbeing. The Six Ways to Wellbeing and the Wheel of Wellbeing have been developed by the South London and Maudsley NHS Trust. The Six Ways - connect, give, take notice, keep learning, be active and grow your world - can improve your mood, strengthen your relationships and help you to cope when life doesn’t go to plan. See www.liveitwell.org.uk/ways-to-wellbeing/six-ways-to-wellbeing/ for more information.
This specification sets out the requirements for the delivery of the Community Mental Health and Wellbeing Service.
2.0 Introduction

Kent County Council (KCC) in conjunction with the Clinical Commissioning Groups (CCG’s) are responsible for providing prevention, early intervention and recovery services. The Community Mental Health and Wellbeing Service will help prevent entry into formal social care and health systems, reduce suicide and prevent negative health outcomes associated with poor mental health. The approach of delivery should be community first, values driven and outcome focused.

There are an estimated 205,000 people living with common and severe mental illness in Kent. There are two groups of beneficiaries of this service, the first are approximately 5,000 to 7,000 adults in Kent with serious mental health problems and who need a clearly defined care programme of support to avoid relapse and promote recovery. The second group are people with common mental health problems who will need variable, lower intensity support to stop them reaching a crisis point and unnecessarily entering into health and social care systems. It is envisaged that this service would have a universal offer to promote wellbeing.

This specification is for the provision of a service for people with mental health needs in Kent to enable them to stay well and recover. The ways in which people are supported can be flexible, person centred and can help people to make the best use of their community resources. Organisations who provide services should note that they should help connect and empower communities as there is extensive evidence that connected communities are healthier communities.

The service will provide person centred support which champions mental wellbeing within communities. It will form a key part of an integrated pathway across the voluntary sector, primary care mental health and social care and include public health initiatives to ensure there is appropriate, equitable, timely and cost effective interventions for vulnerable people in the community. The service will be based on recovery and social inclusion principles and designed to be accessible to anyone needing mental health and wellbeing support in Primary Care, and prevent people who may fall through the gaps between services.

What is Mental Health?

- **Mental health** is defined as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2003).

There are two main categories of mental illness:

- **Common mental illness.** It is estimated that 1 in 4 people will experience ‘common mental illness’ (depression or anxiety) at some point in their life. (National Adult Psychiatric Morbidity Survey, Meltzer 2001).
- **Severe mental illness.** It is estimated that three people in every 1000 will experience ‘severe and enduring mental illness’ (schizophrenia, psychosis and bi-polar disorder) (Oxford Textbook of Psychiatry).
Mental health and wellbeing is experienced by each of us as individuals located within a web of interactions and relationships with others. We need to maintain and grow the gifts and strengths or assets of individuals and communities to support those interactions which help us adapt and self-manage in the face of social, physical and emotional challenges.

3.0 The Vision for the Service

Members of the public, service users and carers have said through engagement that the vision for the service should be to provide a holistic offer of support for individuals living with mental health and wellbeing needs in Kent and to deliver support in line with national and local guidance and protocols.5 6 7 8 9 10 11

People said during the public consultation (May 2015):

“At the moment, the help available is disjointed and I think people could benefit from a better integrated service.”

“There is a need for services to be better aligned and centrally coordinated.”

“More joined up and consistent approach to services regardless of where you live in Kent”

“If it means a more co-ordinated use of resources and the avoidance of overlapping then it would be good thing.”

“I would hope that a more joined up process which has clear outcomes and measures will be more effective in meeting people’s needs, reduce bureaucracy and red tape and make best use of available money.”

4.0 Alignment to Strategic Priorities and Outcomes

Outcomes can be defined as the intended impact or consequence or result of a service on the lives of individuals and communities and based on co-production.

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families, carers and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.”

The Challenge of Co-production (2009) 12

This service will support KCC and CCG’s to deliver against:

- The Care Act
- NHS Five Year Forward View
- Delivery of the Better Care Fund
• No Health Without Mental Health – a cross Government mental health outcomes strategy for people of all ages
• Parity of Esteem
• KCC’s Strategic Statement and Outcomes Framework (see below)

Our Vision
Our focus is on improving lives by ensuring that every pound spent in Kent is delivering better outcomes for Kent’s residents, communities and businesses.

Strategic Outcome
Children and young people in Kent get the best start in life

Supporting Outcomes
Kent’s communities are resilient and provide strong and safe environments to successfully raise children and young people

Supporting Outcomes
Those with long term conditions are supported to manage their conditions through access to good quality care and support

Supporting Outcomes
Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing

Physical and mental health is improved by supporting people to take more responsibility for their own health and wellbeing

Supporting Outcomes
People with mental health issues and dementia are assessed and treated earlier and are supported to live independently

Supporting Outcomes
We keep vulnerable families out of crisis and more children and young people out of KCC care

Supporting Outcomes
Kent business growth is supported by having access to a well skilled local workforce with improved transport, broadband and necessary infrastructure

Supporting Outcomes
Kent young people are confident and ambitious with choices and access to work, education and training opportunities

Supporting Outcomes
All Kent’s communities benefit from economic growth and lower levels of deprivation

Supporting Outcomes
All children, irrespective of background, are ready for school at age 5

Supporting Outcomes
Children and young people have better physical and mental health

Supporting Outcomes
Children and young people have better physical and mental health

Supporting Outcomes
Older and vulnerable residents feel socially included

Supporting Outcomes
Older and vulnerable residents are safe and supported with choices to live independently

Supporting Outcomes
We support well planned housing growth so Kent residents can live in the home of their choice

Supporting Outcomes
We support well planned housing growth so Kent residents can live in the home of their choice

Supporting Outcomes
More people receive quality care at home avoiding unnecessary admissions to hospital and care homes

Supporting Outcomes
Kent residents enjoy a good quality of life, and more people benefit from greater social, cultural and sporting opportunities

Supporting Outcomes
Kent’s physical and natural environment is protected, enhanced and enjoyed by residents and visitors

Supporting Outcomes
Residents have greater choice and control over the health and social care services they receive

Our Approach:
The way we want to work as a council to deliver these outcomes

Our Business Plan Priorities:
The cross cutting priorities that will help deliver the supporting outcomes

Our Business Plan Priorities:
The cross cutting priorities that will help deliver the supporting outcomes

10
The service will contribute to achievement of outcomes set out in NHS Outcomes Framework 2015/16 which is in alignment with Adult Social Care Outcomes Framework (ASCOF) and Public Health Outcomes Framework (PHOF), and Public Health England’s (PHE) vision to improve and protect the nation’s health and wellbeing, tackle stigma and improve the health of the poorest, fastest through the following two key outcomes:

- **PHE Outcome 1**: Increased healthy life expectancy - taking account of the health quality as well as the length of life
- **PHE Outcome 2**: Reduced differences in life expectancy and healthy life expectancy between communities through greater improvements in more disadvantaged communities

**Personal Outcomes**

As a direct result of the service more people will:

- Connect to their communities and feel less lonely and socially isolated
- Have choice, control, and feel empowered
- Report and optimise physical and emotional wellbeing
- Live safely and independently and optimise recovery
- Be in stable accommodation and managing their life
- Achieve economic wellbeing - ensuring people’s income is maximised, debts are managed and where appropriate applicable welfare benefits are accessed
- Feel satisfied with service delivery and service outcomes
- Be involved in service design, service offer and availability
- Access a wide range of opportunities to support their personal recovery which include (but are not exclusively limited to): lifelong learning, employment and volunteering, social and leisure, healthy living support including local opportunities to get fitter and make better lifestyle choices regarding food, smoking, alcohol and harm minimisation.
- Stay in or enter employment
- Be supported to be independent and manage their long term conditions
- Have increased social skills
- Be appropriately supported to manage their recovery

**System Outcomes**

By working with health and social care partners the service will:

- Reduce the number of people entering hospital in crisis and residential care admissions
- Reduce the numbers entering secondary mental health care
- Increase the numbers of people being transferred from secondary services to primary care
- Increase numbers of people accessing support including information, advice and sign posting
Community Mental Health and Wellbeing Service Specification

- Increase number of people self-caring following a period of enablement through the short term recovery service
- Increase access to early intervention services
- Improve transition from children and young people services to adult mental health
- More people in employment
- More people in stable housing and managing their tenancies
- More people supported to achieve emotional wellbeing
- Reduce stigma and discrimination
- Increase awareness raising of mental health in the workplace to reduce barriers to employment
- Support co-working and collaboration between primary care services, health and social care to meet the totality of individual and family needs
- Increase levels and models of mutual/peer support
- Improve outcomes for families and carers through signposting/referral
- Reduce suicides

**Strategic Partner Outcomes**

The Strategic Partner will need to ensure the following:

- Strategic Leadership provides a clear vision to a broad network of Delivery Partners
- The Delivery Network is well managed and held to account for the delivery of outcomes
- Operational Management delivers outcomes
- Communication, marketing and engagement is proactive
- Effective quality assurance and performance management
- Delivers service outcomes
- Resource mapping, capacity building and sustainability achieved
- Market Stewardship followed
- Safeguarding and risk management met
- Innovation Grant delivered

5.0 **The Approach of the Service**

The service should be person centred, holistic and non-stigmatising

The approach will be strength based, focusing on assets, independence, recovery and social inclusion with no wrong door. We want those with a mental illness to be fully supported on their personalised recovery journey when supported in primary care. Everyone who experiences mental health needs has the right to individually tailored support to engage in mainstream social, leisure, educational, and cultural activities, in ordinary settings, alongside other members of the community who are not using health and social care services. The service should use "I" Statements as set out in Think Local Act Personal (TLAP) to develop personalised strategies to keep people well.
Community Mental Health and Wellbeing Service Specification

Community Focused
Each member of staff or volunteer in every organisation who provides services in the network should understand the support available locally and think about opportunities outside of services. People will be supported to access a range of community activities to connect with and contribute to their local community. This may require co-working and co-location with community based services.

Building on principles of community development and community capacity
Build resilience by ensuring that community activities happen where people are and engage people as equals to support them to be able to make a positive contribution to their communities. Working alongside communities to grow resilience, in partnership with Local Authorities in Kent to improve mental wellbeing. Identifying specific interventions that unify and build community strength. Outputs could include growing or creating assets in partnership with communities such as a time-bank.

Improving Wellbeing
The service will need to promote wellbeing as a concept to individuals in order that they stay well and recover well. Communities should be supported by this approach to align their assets and efforts, ensuring that local policies, programmes and interventions support wellbeing through tackling stigma, being inclusive throughout; underpinned by the Six Ways to Wellbeing13.

Maximise Service Impact
The service should maximise the impact by working with a range of other commissioned/community services and encourage activities that promote a healthy lifestyle. Evidence tells us that individuals with poor mental health and wellbeing are dying prematurely and untreated comorbidities and unhealthy lifestyle choices may contribute to this.

The Five Year Forward View (2014) outlines the importance of opportunistic prevention and making every contact count. The Service will support the implementation of the NHS guidance on ‘Making Every Contact Count’. The service will ensure that contact and discussions with people who use the service includes contributory health behaviours (e.g. smoking, excess weight, physical inactivity and alcohol). The service will offer brief advice and motivational interviewing on contributory health behaviours to reduce the risk of exacerbating poor health outcomes and make referrals to relevant support services. It would be expected that the Strategic Partner source appropriate training to maximise impact and upskill relevant workforce. The Public Health Commissioning lead will be able to sign post to relevant training opportunities.

Prevention
In line with the ‘Five Year Forward View’ and the ‘Care Act’ the service should put an emphasis on prevention and aim to intervene early to stop escalation of need.

Targeted and Focused on Health Inequalities
Health inequalities are avoidable variations in health status of groups and individuals. One of the success factors for improving the public’s health for Local Authorities and Clinical Commissioning Groups will be assessed on how well they
are reducing health inequalities in their area. This service should aim to contribute towards the reduction of health inequalities and take a targeted approach to work with vulnerable, at risk groups including people with dual diagnosis and those identified in the Equalities Impact Assessment.

**Evidence Based**
The service should deliver interventions that have an evidence based approach demonstrating good practice. This should not stop innovation and creativity to meet the specified outcomes. The innovation grant could be a way to test out new approaches that have a strong rationale. It would be expected that robust evidence is collected so that evaluation forms part of this process.

**Maximise Social Value from the services we commission**
KCC services have a social purpose and therefore KCC will require that services become smarter at determining social value working within the commissioning process. This will be through improving the economic, social and environmental wellbeing of Kent.

**Seamless Service Tackling Gaps**
Supporting vulnerable people who fall through the gaps between services by growing the resilience of individuals who are in transition between children and young people’s mental health services and adult mental health services and their families. Staff and volunteers should also understand the support that can be provided from secondary community mental health services by clear onward referral protocols between mental health & wellbeing providers.

**Co-production Approach**
Co-production should underpin all elements of the service and operate with service users and the Delivery Network. It includes:

- Building on people’s existing capabilities
- Recognising people as assets
- Reciprocity and mutuality
- Peer support networks
- Blurring distinctions between people and professionals
- Facilitating rather than delivering
- Goes beyond consultation, user involvement and citizen engagement to equal partnership
  - From ‘doing to’ to ‘working with’: no more ‘users’ and ‘clients’
  - Shifts emphasis from providing to enabling and supporting – public service workers become brokers and facilitators, not just experts who can fix things
  - Professional and experiential knowledge and resources are valued and combined
6.0 The Role of the Strategic Partner

Delivery of this service is through a Strategic Partner model and Delivery Network Model.

What is The Strategic Partner

The Strategic Partner (SP) will hold the contract with Kent County Council /Clinical Commissioning Groups and be ultimately responsible for the delivery of the Service through the implementation and development of a sustainable Delivery Network. The Strategic Partner will need to demonstrate their commitment to maintaining a Delivery Network though a range of Delivery Partners.

KCC anticipate that a sustainable relationship is fostered throughout the contract period, which meets the expectations of the Strategic Partner, Commissioners and the Delivery Network, according to the position established at the inception of the contract. In entering into contractual agreements between the Strategic Partner and Delivery Partners, there should be an understanding of what is important and this should go to form part of the contractual agreements. This will be reviewed throughout the contract term and form part of contract management to ensure that the whole networks expectations are being met and a proportionate approach is adopted. KCC’s market engagement has reinforced that this is an important expectation for many organisations and key to building trust, especially in the early stages of such partnership relationships.

Strategic Partner Responsibilities

The Strategic Partner will be responsible for the overall performance of the contract and any incentivisation targets. The Strategic Partner will need to collate and analyse the performance information from the network and will be required to monitor the delivery of all outcomes identified within the contract. The Strategic Partner will also need to demonstrate their ability to manage the Network and ensure a proportionate approach to risk management.

The Strategic Partner roles and responsibilities are to ensure:

- A clear vision, leading a network of Delivery Partners
- Effective and pro-active contractual relationship with Commissioners and Delivery Network
- Effective first point of contact, appropriate and timely response to new enquiries and ensure compliance with standards
- Proactive communication, marketing and engagement to promote positive wellbeing and reduce mental health stigma in communities. This should include development of user friendly branding
- The live it Well Strategy and branding is well established in Kent and it is anticipated that all Strategic Partners and delivery partners will use this branding as an overarching umbrella under which all services will be aligned. This will ensure there is a clear brand for those accessing or referring to the service across multiple locations and providers. Strategic Partners will need to work with Commissioners in mobilisation to agree the consistent Kent brand
and test this with potential and current service users. It is envisaged that providers may still use their own logos and branding to compliment this but a branding guidelines resource will be created jointly to ensure the First Point of Contact is effective and the users do not feel confused where to go. “

- Effective management of referral pathways, including referrals for Housing Related Support provision
- Robust data collection, consistent reporting and performance management approach that demonstrates improvement in performance
- Systems Leadership approach and successful cross sector working
- Delivery Network well utilised, informed, feel valued and expertise and uniqueness recognised, good practice and success recognised
- Ensuring the Delivery Network has a voice, for example an ambassador type role agreed by the Delivery Network
- Effective mobilisation of the contract in line with the specification (see appendix 5)
- Plans are in place for business continuity, resilience and disaster recovery
- Manage demand, prioritise activity and resource mapping
- Transparent decision making including over financial matters
- Adherence to the Market Stewardship principles and Kent Compact
- Quality assurance processes in place to manage risks effectively and proactively
- Proactively work to source additional funding and support sustainability in both the service and the network – Kent County Council expects that the service will become more self-sustaining and not reliant on one funding stream.
- Administration of an Innovation Grant
- Work with the Commissioners to effectively assess the impact and value of the service
- Work effectively with Commissioners on an exit strategy for the contract

**Strategic Partner Delivery**

The Strategic Partner will be able to deliver services as part of this contract but will be restricted on the percentage of services they can deliver themselves. This will help to maintain a diverse market and offer choice for people who use the service. Up to 60% of service delivery may be provided by the Strategic Partner within the funding envelope for each Lot. (This excludes the funding given out as part of the innovation grant unless this is administration costs going to the Strategic Partner.)

It is recognised that there may be exceptional circumstances when a Strategic Partner may deliver a higher proportion of the service for a short time, as a last resort and after exhausting all other avenues. For example failure of a Delivery Partner and that these arrangements would need to be agreed with the Commissioners. Strategic Partners may also choose not to deliver any services or deliver less than 60%.

**Relationship to the Delivery Network**

Strategic Partners can select their own Delivery Network which may change over time to meet the needs of the population. Any changes to the network or supplier failure would need to be reported to Commissioners. Significant changes to the
delivery network would need to be agreed with the Commissioners through contract monitoring. The Strategic Partner must ensure that there is continuity in the Delivery Network at all times and reduce disruption for people who use the service through effective and timely communication.

**Strategic Partner Collaboration**
Strategic Partners will work together to ensure effective working. Key areas where collaboration would be important may include:

- First point of contact
- Branding and communications
- Cross boundary referrals
- Information and risk sharing
- Best practise, learning and change in policy/legislation
- Innovation grant
- Delivery network who may be providing services for more than one Strategic Partner
- Evaluation of the impact of the service

**7.0 The Role of a Delivery Network**

**What is the Delivery Network?**
A Provider will form part of the delivery network and may deliver services to meet the outcomes of this specification. There should be a diverse range of providers in the Delivery Network which may include providers who have not traditionally delivered mental health and wellbeing services. This is likely to include, but not be limited to the following:

- Organisations who have experience of delivering employment outcomes
- Organisations who have experience of delivering time limited interventions including housing related support
- Organisations who have experience of supporting individuals to become more empowered and to live independently
- Organisations which link people their communities
- Organisations offering art and cultural activities
- Sports and leisure organisations
- Organisations that use the natural environment to improve wellbeing e.g. greencare, nature projects, horticultural therapy, forestry etc.

**Relationship to the Strategic partner**
The Strategic Partner should work in a way that is sensitive to the different needs and requirements of providers in the Delivery Network and must ensure their approach to contract management is proportionate.
It is expected that the Delivery Network will sign formal agreements, (for example a Partner Agreement, Contract or Grant) with the Strategic Partner. It is anticipated that the agreement type used will be proportionate to the service value and service type for each Delivery Partner. The Delivery Network will be responsible for the collection of delivery activity, performance monitoring and information which demonstrates how they have met the outcomes for the people they are delivering a service too. This will need to be undertaken in a timely manner and provided in a format which meets the requirement of the Strategic Partner. This may be provided in both quantitative and qualitative format, in order to demonstrate the breadth of activity. Formal analysis of delivery activity may also be required to support performance measurement.

8.0 Market Stewardship Principles

Visibility across the Delivery Network:
The Council expects that all parties have visibility of participation within the Delivery Network. This should include payment terms against contractual targets, the volume of business handled by Delivery Partners, fair apportionment of referrals with regard to easier cases, and how the network adjusts to changing volumes or demographics within the identified Lot.
Delivery Network sourcing, selection and refresh process.
The Strategic Partner must ensure that the sourcing, selection and refresh process for Delivery Network partners is transparent. This information must be made freely available to both the Council and each potential partner on request.

Reward and recognition of good performance
The Council considers it important that organisations in the Delivery Network receive appropriate reward for good performance. Recognition of good performance should be shared across the network and this should include the sharing of good practice. As forums are instigated, methods for sharing data other than through the data room will be developed.

The Market Stewardship Principles cover the key principles that must underpin the Strategic Partners provision of the Services and its engagement with all entities within the Delivery Network providing Services.

Each of the principles is set out in the payment mechanism together with guidance as to how the Strategic Partner should respond to its obligations against each of the principles.

Adherence to appropriate management of risk in the Delivery Network
All contractual and other risk should be appropriately managed. This should extend to not passing risk down the Delivery Network disproportionately, the management of volume fluctuations, other events and the management of intellectual property rights.

Meaningful volume of work allocation
The Strategic Partner should be able to evidence its approach in allocating work to Delivery Network partners in a manner which meets its obligations under this Agreement. The Strategic Partner shall record details of all issues arising out of complaints from Delivery Network that they have not received expected volumes of work and shall refer these complaints to Commissioners.

Systems for allocation of work to the Delivery Network
The Strategic Partner should have systems for allocation of specific work to the Delivery Network. The allocations should ensure that the Person receives services from the Delivery Network organisation that has the correct level of expertise.

Volume Fluctuations
The Strategic Partner must demonstrate to the Council’s satisfaction how it manages any volume fluctuations in referrals. The potential impact of both increases and particularly reductions in work allocation and associated drop in income, and actions to mitigate these risks.
Spot purchase arrangements
Spot purchase arrangements may be entirely appropriate but can be detrimental to the Delivery Network partners as opposed to more standard contracts that guarantee an income. The Delivery Network generally, but also in seeking funding or additional business, may be disadvantaged in only being able to reference spot purchase contracts. The Strategic Partner should therefore ensure that wherever ‘spot purchase’ arrangements are utilised, options to transition to more stable contractual referral systems are reviewed at regular periods.

Payment terms
The Strategic Partner should detail a full exploration of payment terms and the impact of these on the Deliver Network including the requirement for any clawback/repayment if targets are not met. The implications of this should be worked through for each year of the contract.

Minimum contract term
Consideration should be given to the needs of the network in relation to the contract term. The contract length, if inadequate, may damage the ability of the network to seeking new business or additional funding from elsewhere. A minimum three year term should be appropriate for most Delivery Partners.

Alignment of ethos in the Delivery Network
The Council envisages that a sustainable relationship is fostered throughout the contractual period, which meets the expectations of all parties according to the position established at contract inception. In entering into a contractual agreement, there should be an understanding of what is important to all parties and this should go on to form part of the contractual agreement which will be reviewed throughout the contract term to ensure that expectations are being met. The Council’s market engagement has reinforced that this is an important expectation for many organisations and key to building trust, especially in the early stages of such business relationships.

Audit trail
The Strategic Partner must maintain an audit trail of engagement with the Delivery Network that demonstrates compliance with the principles established at the outset of their working relationship and shall include any additional support the Strategic Partner offers.

Support declared in the bid to Delivery Network organisations
The Strategic Partner must publish a statement with regard to the support that is being offered to the Delivery Network. Each support element must be itemised.
Meetings
The Strategic Partner must record details of the conduct of all meetings with members of its Delivery Network and review these records to ensure that they are timely and appropriate and reinforce good relationship management.

9.0 Role of Kent County Council and Clinical Commissioning Groups:
Commissioners envisage working closely with the Strategic Partner to deliver the aspiration of the contract throughout the contract period. The commissioners are responsible for providing the following:

- An appointed Officer(s) for point of contact for the contract
- Representative KCC/CCG’s for approval of the Innovation Grant
- Communication and Media Lead

10.0 Service Specific Requirements
This service specification is based on outcomes, but there are certain service specific requirements which must be incorporated into the service delivery model. These are:

- Primary Care Community Link Worker Model
- Employment
- Housing Related Support
- Improving Access to Psychological Therapies (IAPT) (for Dartford, Gravesham and Swanley CCG and Swale CCG)
- Primary Care Mental Health Specialists (for Dartford, Gravesham and Swanley CCG and Swale CCG)
- Personality Disorder Peer Support (for Dartford, Gravesham and Swanley CCG and Swale CCG)

Primary Care Community Link Worker Service Objectives

Service Objectives:

- Provide a primary care community link worker service which offers individually tailored, one-to-one time limited support for people with a common mental health issue, reflecting diversity and need, to engage in and sustain mainstream activities, in ordinary community settings, alongside members of the community who do not use services.

- To work in partnership with the full range of agencies and groups in the community, including GPs, Gateways and Improving Access to Psychological Therapies (IAPTs), to develop opportunities for people who use the service to participate in mainstream activities.
• Promote the recovery and community participation of people who experience common mental health issues by enabling them to proactively apply the ‘six ways to wellbeing’ recommended on the Live It Well website for Kent and Medway - www.liveitwell.org.uk

• To assist people to achieve their personal goals by offering support to develop their skills in line with their interests and through their participation in the design and running of activities in the Primary Care Community Link Worker Service.

• Ensure link workers have a comprehensive knowledge of the challenges and support needs of people with Mental Health needs.

Margate Central and Clintonville West Wards Needs Assessment

• This service will also provide support to the Margate Central and Cliftonville West wards of Thanet. (South Kent Coast and Thanet Clinical Commissioning Groups Area/Lot only)

• The service will ensure a more appropriate use of social care services, enabling people to access the most appropriate services to meet their needs. People will be provided with the right information and support to ensure they access the right service at the right time. The service will need to deliver an enhanced signposting and support service to meet the needs of Thanet residents which reflect the diversity and needs. The service will need to be responsive to the issues identified below. (Margate Central and Cliftonville West Thanet Needs Assessment)

• Thanet has the second highest population density of the Kent districts. Population projections from the Office for National Statistics (ONS) show a rise in all age groups over the next five years with the largest percentage rise occurring in the 65-84 age group. This is predicted to increase by 15.99% in 2019.

• Thanet has the widest gap of life expectancy at birth between wards compared to any other district in Kent. The gap is 16.8 years between the lowest (Margate Central) and highest (Kingsgate). Crime in Thanet is high compared to other districts with burglaries, anti-social behaviour, criminal damage, domestic abuse and substance misuse being of particular concern. A high proportion of crimes are carried out within Margate Central and Cliftonville West.

• Levels of skills and qualifications in Thanet are lower than the Kent averages

• 21.7% of local people consider themselves to have a limiting long term illness. This is above the Kent average of 16.5% and the national average at 17.6%

• Thanet has the highest rate of teenage pregnancy in Kent.
• Hospital admissions for alcohol related harm in Thanet are significantly higher than the Kent and the national averages. There is considerable variation within Thanet with the rate being 35 times higher between the highest and lowest wards (Kingsgate and Cliftonville West).

• The health of people in Thanet is worse than other districts in the South East

• Adult participation in sport in Thanet is lower than the Kent average

• The population of Thanet is becoming more diverse with an increased number of people from minority ethnic groups settled in the area.

• Satisfaction with the area as a place to live is low compared to other parts of the country;

• 55% of local people feel no strong sense of belonging to the area

**Employment Model**

**Service Objectives:**

The employment model should be based on the Individual Placement and Support (IPS) approach which meets the following:

• Eligibility is based on individual choice with no exclusion criteria

• Supported employment is integrated with clinical treatment

• Competitive employment is the primary goal

• Job search is rapid (begins within 4 weeks)

• Job finding, and all assistance, is individualised

• Employers are approached with the needs of individuals in mind

• Follow-along support is proportionate to individuals needs

• Financial planning is provided

**Support to Enable People to Secure or Retain Accommodation – Housing Related Support**

**Service Objectives:**

• To provide an outcomes focused, individually tailored accommodation support service to support people with both common mental health and severe mental health issues to secure or sustain accommodation
• To develop the capacity of people to live independently following a time-limited programme of support

• To raise awareness of tenancy and occupancy obligations such as rent and services charges/mortgage conditions/appropriate behaviours in order to retain housing situation

• To enable and facilitate people to address offending behaviour that may jeopardise their housing situation, e.g. anti-social behaviour

• To offer advice about maintaining safety and security of home and the equipment required to maintain safety and security

• To enable and facilitate people who use the service to deal with official correspondence

• To signpost/refer onto appropriate services which enable people to retain their housing situation

• To provide time limited support, up to duration of 1 year for an average of 2 hours per household unit per week. In certain circumstances support may be provided to a person for up to a maximum of 2 years but continuation of service must be agreed with the Strategic Partner and Commissioners

• To provide a single referral point – referrals will come from various sources e.g., District and Borough Councils, Local Authority, social and private housing providers, mental health professionals and self-referrals. It is anticipated that an open and easily accessible referral application procedure will need to be made available to all referrers

• To work in partnership with the full range of agencies and groups in the community, including District and Borough Councils, Citizen Advice Bureaux, CMHTs, Gateways to aid referrals into the service and for onward referrals

• It is not anticipated that a person using the service will already be in receipt of accommodation support services unless as part of an agreed handover period

11.0 Service Expectations

We want Strategic Partners and the Delivery Network to:

• Work in partnership with the new and existing Primary Care Social Care workforce including the Short Term Recovery service which will be co-located in this service

• It is expected that the co-located workforce will require hot desk facilities, Wi-Fi access, lockable storage facilities and access requirements

• It is also expected that the co-located workforce will require access to a confidential space in order to meet with people as and when required
• Develop proactive links with the Primary Care Mental Health Specialists and Improving Access Psychological Therapy providers to deliver a whole systems approach
• Work with a range of providers of residential care and supported accommodation providers to ensure a seamless service provision. (A list of providers can be found in the data room)
• Demonstrate an understanding of the local population needs within which they will work and adapt services appropriate to local need
• Provide services in line with people’s needs, this may include evening and weekends

12.0 Performance Monitoring and Key Performance Indicators

Performance monitoring is essential to ensure the effectiveness of the service. The Strategic Partner will be responsible for monitoring delivery to ensure the service is meeting the Specification, Appendices and that all Outcomes are being achieved. The service will be reviewed through detailed performance monitoring and an effective partnership approach. The Strategic Partner will be required to report to the Commissioners on the performance of the service. This will include:

- A monthly report identifying highlights in delivery and unresolved risk and issues.
- Quarterly report in line with the performance framework

Key Performance Indicators are specified in Appendix 3 (Performance Framework) under the following headings:

- Personal Outcomes
- Organisational Outcomes
- Social Value, Environmental and Strategic Outcomes
- Qualitative Narrative

13.0 Contract Governance

This contract will be managed by Kent County Council (KCC) on behalf of the Clinical Commissioning Groups (CCG’s). All parties will be required to attend formal contract monitoring meetings.

- KCC will act as the fund holder and make payments to successful bidders.
- CCG directly funded services will continue through CCG payment mechanisms

14.0 Contract Period and Payment Terms

The contract is for five years with an extension of 2 years excluding IAPT, Primary Care Mental Health Specialists and Personality Disorder Peer Support which is for 3 years only.
Additional elements may be added to the delivery of this contract during the lifetime of this contract. This would be agreed by both parties and may carry a different contract term. This may include such elements as Supporting Independence Services and/or Mental Health Supported Accommodation either directly provided or through other payment methods. (This would not exceed the overall financial threshold or possible contract term of seven years)

15.0 Quality Standards

In providing these services the Strategic Partner must:

- Ensure an appropriately trained workforce with the required skills
- Compliance with national applicable quality standards such as National Institute of Clinical Excellence (NICE) guidance/Public Health England.
- Other relevant quality standards specific to the delivery of the service, i.e. Arts and Culture and leisure etc.
- Equal Opportunities - In carrying out the Services the Service Provider will be "exercising public functions" for the purposes of section 149(2) of the Equality Act 2010. As such, the Service Provider is required to pay regard to the Public Sector Equality Duty under section 149(1) of that Act and to deliver Services accordingly. The Equality Act 2010 relates to service users and employees. The Service Provider has responsibilities' as a provider to service users and as an employer to its employees. Services will respond positively to the needs of all groups who have a protected characteristic within the Equality Act 2010. These characteristics are race, religion or belief, sexual orientation, pregnancy and maternity, age, disability, gender and gender identity. The Service is expected to engage with these groups through all necessary means to ensure inclusion is in a positive and meaningful way. In delivery of any services commissioned on behalf of Kent County Council, Service Providers must demonstrate awareness and be responsive to the accessibility and needs of groups described above either in or attempting to access services. Accessibility relates to (but is not limited to); physical and mental impairment, communication needs those with either a hearing or sight impairment, translation/interpretation if English is not a first language, the expectation with regards to acceptance of individuals defined under gender identification, respect of faith and beliefs. The Equality Act 2010 replaces the Disability Discrimination Act 1995 (reviewed 2005). Proof of compliance will be required in the form of a current and up to date Access Audit with an action plan outlining any needs and how these will be addressed.
- Relevant standards to assure safeguarding of vulnerable adults, including DBS checks as applicable for staff in contact with, or accessing data about, vulnerable adults
Policies and procedures as a minimum should be in place for the Strategic Partner and proportionately applied to the delivery network. You may not need separate policies for each of the areas below, but policies should cover the following areas.

- Safeguarding Children
- Safeguarding Adults
- Environmental sustainability and resilience
- Complaints and compliments including management and risk (KCC Public Health Serious Incidents procedure must be complied with) and the provider should embed learning’s from Incidents into internal procedures and protocols
- Safe employment and recruitment including policy for dealing with positive disclosure
- KCC policies to adhere to e.g. customer service policy
- Expectations for working with subcontractors and voluntary sector that aligns with the Kent compact
- Health & safety
- Workplace health and wellbeing including completion of an annual mental wellbeing impact assessment
- Governance arrangements including training and any audits
- Information governance including storing and safe disposal service records of those who use the service
- Annual EQIA - An Equality Impact Assessment (EqIA) is a requirement that the Service Provider will complete annually. The EqIA will cover these characteristics: age, disability, gender, gender identity, race, religion or belief, pregnancy and maternity and sexual orientation, which need to be assessed against delivery
- Domestic Abuse Workplace Policy
- Complaints and Grievances (staff and service users)
- Service user and carer complaints
- Equalities and Diversity
- Business continuity plan – this should include detail of how Strategic Partner or Delivery Partner failure will be managed. In addition how the Strategic Partner could support failure outside of their network
- Induction and Training
- Disciplinary/capability (staff)
- Data Protection, confidentiality and Information Security
- Serious Incidents
- Workforce supervision, appraisal and/or performance management
- Peer Support and volunteering (including handling of expenses for service users and carers)
- Bullying and Harassment
- Professional boundaries
- Risk assessment and risk management

Links to Quality Standards Below:
http://www.nice.org.uk/guidance/qs14
http://www.mentalhealthcare.org.uk/nice_quality_standards
16.0 Useful Documents:


This publication sets out the asset based approach noting how it is geared towards accentuating positive capabilities and activating solutions for health promotion action. Professional staff and practitioners are encouraged to embrace positive approaches to health and importantly focus on health and wellbeing rather than ill health and disease.

**Fair Society Healthy Lives - Marmot Review (2010)**

The Marmot Review sets out compelling epidemiological evidence that social and economic inequality is damaging to mental and physical health through a life course approach.

**Mental Health, Resilience and Inequalities Dr Lynne Friedli (WHO 2009)**


Lynne Freidli sets out how resilient communities have lower levels of crime and violence and higher levels of pro-social behaviour and social integration. Resilient individuals are shown to have more fulfilling relationships, lower prevalence of physical as well as mental illness, and higher educational achievement, employability, productivity and earnings.


Public Health England’s guide shares extensive evidence that connected and empowered communities are healthy communities.

**The NHS Five Year Forward View (2014)**

http://www.england.nhs.uk/ourwork/futurenhs/

NHS England CEO, Simon Stevens, sets out how our health services need to change and argues for a new relationship with patients and communities.

**From Evidence Into Action PHE (2015)**

PHE’s strategy - *From Evidence into Action* calls for place-based approaches that develop local solutions, drawing on all the assets and resources of an area; integrating public services and also building resilience of communities in order to improve health and wellbeing for all and to reduce health inequalities

**The Care Act**

The 2014 Act introduces a general duty on local authorities to promote an individual’s ‘wellbeing’. This means that we should always have a person’s wellbeing in mind and when making decisions about them or planning services.

Wellbeing can relate to:
- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
Community Mental Health and Wellbeing Service Specification

- Control by the individual over day-to-day life (including over care and support)
- Participation in work, education, training or recreation
- Social and economic wellbeing
- Domestic, family and personal relationships
- Suitability of living accommodation
- The individual's contribution to society
Community Mental Health and Wellbeing Service Specification

17.0 References


2 Kent County Council Strategic Statement – Increasing Opportunities, Improving Outcomes 2015 – 2020

3 No Health without Mental Health, A cross-government mental health outcomes strategy for people of all ages (DH 2011)

4 Live It Well Strategy. www.liveitwell.org.uk


7 Public Health England’s’ Guide to community-centred approaches for health and wellbeing. 2015

8 NICE guidance on Depression http://www.nice.org.uk/guidance/cg90

9 Kent and Medway Joint Working Protocol for Co-existing Mental Health and Substance Misuse Disorders (Dual Diagnosis) 2013

10 www.liveitwell.org.uk

11 Boyle D and Harris M. The Challenge of Co-production Nesta 2009

The Outcomes Star - see http://www.homelessoutcomes.org.uk/resources/1/OutcomesStar/OutcomesStar.pdf - will be used as a core measurement tool as part of this contract to capture progress of the service user towards greater independence and social inclusion.

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) this is a prototype measure developed (Tennant et al. 2007). It focuses on the positive aspects of mental health. It is short and easily understood as an instrument of mental wellbeing by the public and can be seen as an intervention in its own right. http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/
Appendix 2

Dartford Gravesham and Swanley and Swale Specifications for:

Provided as separate documents

- Improving Access to Psychological Therapies Specification (IAPT) (for Dartford, Gravesham and Swanley CCG and Swale CCG)
- Primary Care Mental Health Specialists Specification (for Dartford, Gravesham and Swanley CCG and Swale CCG)
- Personality Disorder Peer Support Specification (for Dartford, Gravesham and Swanley CCG and Swale CCG)
Appendix 3 Performance Framework

Provided as a separate document
### Equalities Monitoring

The Strategic Partner will be required to collate Equalities Monitoring for all service provision. It is expected that the Delivery Network will be required to complete this information.

*Please insert a figure for each ethnic group, based on the people accessing the service.*

<table>
<thead>
<tr>
<th>ETHNIC ORIGIN</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WHITE</strong></td>
<td></td>
</tr>
<tr>
<td>British</td>
<td></td>
</tr>
<tr>
<td>Irish</td>
<td></td>
</tr>
<tr>
<td>Any other white background (Please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>MIXED</strong></td>
<td></td>
</tr>
<tr>
<td>White &amp; Black Caribbean</td>
<td></td>
</tr>
<tr>
<td>White &amp; Black African</td>
<td></td>
</tr>
<tr>
<td>White &amp; Asian</td>
<td></td>
</tr>
<tr>
<td>Any other mixed background (please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>ASIAN OR ASIAN BRITISH</strong></td>
<td></td>
</tr>
<tr>
<td>Indian</td>
<td></td>
</tr>
<tr>
<td>Pakistani</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi</td>
<td></td>
</tr>
<tr>
<td>Any other Asian Background</td>
<td></td>
</tr>
<tr>
<td><strong>BLACK OR BLACK BRITISH</strong></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td></td>
</tr>
<tr>
<td>Any other Black background (please specify)</td>
<td></td>
</tr>
<tr>
<td><strong>CHINESE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANY OTHER ETHNIC GROUP (please specify)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GENDER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Not stated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 19</td>
<td></td>
</tr>
<tr>
<td>20 - 25</td>
<td></td>
</tr>
</tbody>
</table>
Section 4 – Protected Characteristics

The Equality Act 2010 refers to protected characteristics of which there are 9 groups. Some have already been covered earlier in this form such as age. The other characteristics are listed below and the Strategic Partner will also need to collate this information and the Delivery Network will be required to complete this information regarding numbers of people accessing the service which fall into these groups.

<table>
<thead>
<tr>
<th>PROTECTED CHARACTERISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
</tr>
<tr>
<td>Gender Identity</td>
</tr>
<tr>
<td>Religion/ belief or none</td>
</tr>
<tr>
<td>Sexual orientation</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
</tr>
</tbody>
</table>

Definitions for the above characteristics can be found below

Protected Characteristics

The following provides definitions are taken from the Equality Act 2010

Disability

(1) A person (P) has a disability if—

(a) A person has a physical or mental impairment, and

(b) The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.

(2) A reference to a disabled person is a reference to a person who has a disability.

(3) In relation to the protected characteristic of disability—
(a) A reference to a person who has a particular protected characteristic is a reference to a person who has a particular disability;

(b) A reference to persons who share a protected characteristic is a reference to persons who have the same disability.

(4) This Act (except Part 12 and section 190) applies in relation to a person who has had a disability as it applies in relation to a person who has the disability; accordingly (except in that Part and that section)—

(a) A reference (however expressed) to a person who has a disability includes a reference to a person who has had the disability, and

(b) A reference (however expressed) to a person who does not have a disability includes a reference to a person who has not had the disability.

(5) A Minister of the Crown may issue guidance about matters to be taken into account in deciding any question for the purposes of subsection (1).

(6) Schedule 1 (disability: supplementary provision) has effect.

**Gender Identity**

(1) A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

(2) A reference to a transsexual person is a reference to a person who has the protected characteristic of gender reassignment.

(3) In relation to the protected characteristic of gender reassignment—

(a) A reference to a person who has a particular protected characteristic is a reference to a transsexual person;

(b) A reference to persons who share a protected characteristic is a reference to transsexual persons

**Religion or belief**

(1) Religion means any religion and a reference to religion includes a reference to a lack of religion.

(2) Belief means any religious or philosophical belief and a reference to belief includes a reference to a lack of belief.

(3) In relation to the protected characteristic of religion or belief—
(a) A reference to a person who has a particular protected characteristic is a reference to a person of a particular religion or belief;

(b) A reference to persons who share a protected characteristic is a reference to persons who are of the same religion or belief.

**Sexual orientation**

(1) Sexual orientation means a person's sexual orientation towards—

(a) Persons of the same sex,

(b) Persons of the opposite sex, or

(c) Persons of either sex.

(2) In relation to the protected characteristic of sexual orientation—

(a) A reference to a person who has a particular protected characteristic is a reference to a person who is of a particular sexual orientation;

(b) A reference to persons who share a protected characteristic is a reference to persons who are of the same sexual orientation.

**Marriage and civil partnership**

(1) A person has the protected characteristic of marriage and civil partnership if the person is married or is a civil partner.

(2) In relation to the protected characteristic of marriage and civil partnership—

(a) A reference to a person who has a particular protected characteristic is a reference to a person who is married or is a civil partner;

(b) A reference to persons who share a protected characteristic is a reference to persons who are married or are civil partners.
Appendix 5

MOBILISATION AND TRANSITION SPECIFICATION

Community Mental Health and Wellbeing Service

This document outlines the Mobilisation and Transition Responsibilities for the Strategic Partner for the delivery of the Community Mental Health and Wellbeing Service

Copyright © The Kent County Council 2015. This material may not be copied or published without the Kent County Council’s permission in writing

October 2015
Community Mental Health and Wellbeing Service Specification

Contents

1.0. Introduction .................................. Page 39
2.0 Membership .................................. Page 40
3.0. Governance Arrangements .................. Page 40
4.0. Format ........................................ Page 40
5.0. Roles .......................................... Page 41
6.0. Mobilisation Plan and Requirements ...... Page 41
7.0 Proposed Meeting Format .................... Page 47
7.0 Suggested Mobilisation and Transition Risk Register Page 48
1.0 Introduction

The Strategic Partner will be responsible for ensuring the effective mobilisation and transition of the service in partnership with Kent County Council (KCC) and Clinical Commissioning Groups’ (CCG’s) Commissioners to ensure the new service is fully operational by the 1st April 2016.

A robust Mobilisation Plan which sets out a clear time line for delivery will need to be developed by the successful Strategic Partner. This will be closely monitored by a Transition Steering Group.

The mobilisation phase will run from the (date of contract award) through the service start date (1st April 2016) and until the service is fully operating. The Mobilisation Plan is fundamental to ensure a smooth transition and minimum disruption to service users.

The Transition Steering Group will be responsible for:

a) Monitoring progress against the Mobilisation Plan and agreeing any changes

b) Acting as a point of escalation for any risks or issues identified through the Risk Register and/or other stakeholders

c) Ensure that people receiving support are well informed and proactively supported through the period of transition, minimising disruption and distress caused by changes in service delivery

d) Ensure providers who have not been successful in the tender process are proactively managed in conjunction with Commissioners

e) Agree process for communication to inform stakeholders of the changes and service commencement: This will be co-ordinated through the Transition Steering Group

f) Project managing the mobilisation phase, proactively reporting progress and escalating risks and issues to Commissioners where necessary
2.0 Membership

The Transition Steering Group will have the following membership:

a) Kent County Council Public Health Commissioner or Specialist
b) Kent County Council Strategic Commissioning Lead
c) Clinical Commissioning Group Commissioning Leads
d) Kent County Council Head of Service Mental Health
e) Representatives from current service providers
f) Representatives from new provider(s)
g) Other key stakeholders as agreed

3.0 Governance Arrangements

The mobilisation and transition phase will be overseen by a maximum of four Transition Steering Groups aligned to each lot; groups must liaise with each other to ensure consistency across Kent. These groups may be merged or meet jointly to address common issues if this appears to maximise time more effectively and all parties are in agreement.

The group will report into the Community Mental Health and Wellbeing Steering Group which is a multi-agency group chaired by Penny Southern (Director of Disabled Children, Adults Learning Disability and Mental Health).

4.0 Format

The group will be chaired by the Strategic Partner in each lot, and suggested items can be found in section 7 below.

Action points will be taken at all meetings by the Strategic Partner and it is expected that all group members update on their actions in a timely manner to ensure effectiveness of the meetings.

Terms of reference for the group will be agreed at the first meeting.
5.0 Roles

5.1 Strategic Partner
The Strategic Partner will nominate a named mobilisation lead within their organisation to manage the mobilisation phase on a day-to-day basis.

The Strategic Partner will ensure that the appropriate resources and skilled people are allocated to ensure the requirements of the Specification are delivered.

The Strategic Partner will ensure that there are robust contingency plans in place to cover any absence of the nominated mobilisation lead as agreed with Commissioners.

The Strategic Partner will be responsible for completion of key objectives/tasks within a Mobilisation plan in partnership with KCC and CCG’s Commissioning Leads.

5.2 KCC and CCG Commissioning Leads

KCC and CCG’s will nominate a named mobilisation lead within their organisation to support the mobilisation phase on a day-to-day basis. This representative must ensure there are robust contingency plans in place to cover any absence of the nominated lead.

6. Mobilisation plan and Requirements

The mobilisation plan must include the following:

<table>
<thead>
<tr>
<th>Outline of information</th>
<th>Key Objectives/Tasks</th>
<th>Timescales</th>
<th>Key Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Award</td>
<td>• Contract signed and returned to KCC</td>
<td></td>
<td>KCC, CCGs and Strategic Partner</td>
</tr>
<tr>
<td>Meet with Commissioners regarding mobilisation and transition planning</td>
<td>• Agree provider contract leads</td>
<td></td>
<td>KCC, CCGs and Strategic Partner</td>
</tr>
<tr>
<td></td>
<td>• Agree Commissioning contract leads</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Establish a Transition Steering Group with Commissioners to meet at least monthly during mobilisation and transition period</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Procurement of sub-contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Mobilisation and Transition Plan agreed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Current service users | • Secure consent from people who use the service regarding identifying those who currently attend services delivered by exiting providers  
• Develop plans to minimise disruption to people who require support, identify waiting lists  
• Communicate with people using services with an agreed KCC/CCG narrative for a consistent message to service users  
• An exiting provider ends the current service a discussion should be held regarding unmet need  
• Identify the number of people who use services who will transfer to the new service or remain with existing providers  
• Communicate with GPs/ primary care in order to keep well informed and to mitigate any concerns about transfer of people with support needs | KCC, CCGs and Strategic Partner (Transition Steering Group) |
| People who use the service representation in mobilisation and transition | • Set up a panel of representatives of people with support needs in order to help shape mobilisation of the service, ensure quality of support is maintained, providing an advisory role during the transition period | Strategic Partner KCC/CCG (Transition Steering Group) |
| DGS CCG and Swale CCG IAPT National Access and Recovery Targets | The CCGs are required to meet national access and waiting time standards for IAPT and reporting against this is frequent throughout the financial year  
• Strategic Partner to be aware of requirement and risk of non-delivery  
• Strategic Partner to communicate with CCG Commissioners to mitigate risk of not achieving targets  
• Strategic Partner to work with current providers and ensure local process is implemented to mitigate risk of non- |
<table>
<thead>
<tr>
<th>delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To have processes in place to mitigate risk against non-delivery of access and waiting times during initial stages of new contract following 1 April 2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify staffing requirements, roles/job descriptions etc.</td>
</tr>
<tr>
<td>• Work with exiting providers to determine accurate TUPE information and plans for transfer, this may include consulting with staff</td>
</tr>
<tr>
<td>• Advertisement of job opportunities</td>
</tr>
<tr>
<td>• Recruitment and induction</td>
</tr>
<tr>
<td>• Training plan to include requirements, for appropriately qualified, trained and skilled staff</td>
</tr>
<tr>
<td>• Ensuring staff and volunteers feel supported and are able to continue in their roles, in order to minimise disruption and ensure continuity of support. This should include completion of a mental wellbeing impact assessment so any potential implications can be proactively managed</td>
</tr>
<tr>
<td>• Ensure compliance with all legal obligations including appropriate insurances, health and safety and staff qualifications</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Partner</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>• IT/and other standard operating systems in place</td>
</tr>
<tr>
<td>• Policies and procedures to ensure data protection compliance/Information Governance</td>
</tr>
<tr>
<td>• Establish the required information and communication systems needed for the service to operate effectively</td>
</tr>
</tbody>
</table>

<p>| Strategic Partner |</p>
<table>
<thead>
<tr>
<th>Section</th>
<th>Tasks</th>
</tr>
</thead>
</table>
| Premises | - Identify delivery locations  
- Check access to service from hard to reach groups  
- Source alternative locations if required  
- Ensure premises planned for use meet the specified standards including where necessary the ability to host co-located Social Care and Health Professionals  
- Work with the key stakeholders to ensure effective joint working and where practicable sharing of premises, IT and equipment etc.  
- Facilities management |
| Equipment | - Identify all equipment required and obtain quotes  
- Identify funding required  
- Procurement of equipment |
| Marketing and Communications | - Produce marketing plan and engage with key partners to ensure a joined up approach to communication  
- Branding of the service  
- Identify communication resource |

- Ensure existing communication channels are maintained and/or redirected to new channels as appropriate  
- Implement appropriate policies and procedures  
- Develop IT and data systems that ensure effective performance reporting which can be completed from the service start date  
- Transfer of Records and Documents  
- Websites and other social media
<table>
<thead>
<tr>
<th>Mobilisation Start</th>
<th>KCC, CCGs Strategic Partner Delivery Partners (Transition Steering Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify the mobilisation leads and responsibilities</td>
<td></td>
</tr>
<tr>
<td>- Agree how to share information</td>
<td></td>
</tr>
<tr>
<td>- Managing change effectively to minimise disruption for service users</td>
<td></td>
</tr>
<tr>
<td>- Communicate and consult with stakeholders to make them aware of the changes and vision for the new service model and co-ordinating communication with KCC/CCG’s</td>
<td></td>
</tr>
<tr>
<td>- Project managing the mobilisation phase, proactively reporting progress and escalating risks and issues to Commissioners where necessary.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobilisation Governance</th>
<th>KCC, CCGs and Strategic Partner (Transition Steering Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Identify Strategic Partner governance lead</td>
<td></td>
</tr>
<tr>
<td>- Identify Commissioning governance leads</td>
<td></td>
</tr>
<tr>
<td>- Create reporting systems, with check points built in</td>
<td></td>
</tr>
<tr>
<td>- Work with Commissioners and other strategic partners to ensure there is cross county co-operation</td>
<td></td>
</tr>
<tr>
<td>- All exceptions to be agreed at Transition Steering Group</td>
<td></td>
</tr>
</tbody>
</table>
| Finance          | • Set up financial, invoice and payment systems and confirm payment schedule for Delivery Network  
                 | • Identify management accounting requirements  
                 | • Agree process for the innovation grant in conjunction with Commissioners | Strategic Partner |
| Referrals        | • Ensure no wrong door approach  
                 | • Ensure every contact is a positive experience, offer excellent customer service  
                 | • Map referral pathways  
                 | • Design referral form/leaflet/online systems  
                 | • Document referral process and communicate both internally and externally  
                 | • Identity people currently receiving a service and ensure transition plans in place  
                 | • Identify waiting list/waiting times  
                 | • Check capacity and demand | Strategic Partner Delivery Network |
| Performance      | • Identify documents and process  
                 | • Ensure KPIs are understood and that the Deliver Network are capturing and reporting data consistently  
                 | • Check compliance  
                 | • Audit requirements | Strategic Partner KCC CCGs (Transition Steering Group) |
| Management       | Contract Start                  | • Confirm Mobilisation/Transition themes that will continue at contact start and through the first phase of the live contract  
                 | • Agree Mobilisation/Transition phase completion | Strategic Partner KCC CCGs (Transition Steering Group) |
| The Strategic    |
Partner may also have other areas that they wish to include in their Mobilisation Plan

7.0 Proposed Meeting Format

<table>
<thead>
<tr>
<th>Transition Steering Group Frequency</th>
<th>Suggested: Weekly/Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Leads/Representatives</td>
<td></td>
</tr>
<tr>
<td>Commissioning Leads/Representatives</td>
<td></td>
</tr>
<tr>
<td>Transition Steering Group Agenda (Suggested items)</td>
<td>1 Actions and Minutes from last meeting</td>
</tr>
<tr>
<td></td>
<td>2 Update on progress against mobilisation plan</td>
</tr>
<tr>
<td></td>
<td>3 Issues and deviations from mobilisation</td>
</tr>
<tr>
<td></td>
<td>4 Actions to get back to plan</td>
</tr>
<tr>
<td></td>
<td>5 Update on risks (see below)</td>
</tr>
<tr>
<td></td>
<td>6 Any new areas / changes required</td>
</tr>
<tr>
<td></td>
<td>7 Agree actions for next group meeting</td>
</tr>
<tr>
<td></td>
<td>8 AOB</td>
</tr>
<tr>
<td></td>
<td>9 End</td>
</tr>
</tbody>
</table>
8. Suggested Mobilisation and Transition Risk Register

<table>
<thead>
<tr>
<th>Risk</th>
<th>Date Identified</th>
<th>Responsible</th>
<th>Impact</th>
<th>Probability</th>
<th>Mitigation</th>
<th>Rag Rating: Green Amber Red</th>
<th>Status Open/Closed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 6  Outcomes Payment

- **Mental Health Wellbeing Service Outcomes**
- **Year 1**

The below principles for the outcome payment will be finalised during mobilisation.

<table>
<thead>
<tr>
<th>Fee for service</th>
<th>Service Specific Requirements and Strategic Partner Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcomes payment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Organisational</strong></td>
<td><strong>Measure</strong></td>
</tr>
<tr>
<td><strong>Outcome 2:</strong> Network well managed and help to account</td>
<td>Response rate to new enquires within 2 working days - 95%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 6</strong></td>
<td>Delivery of service outcomes</td>
</tr>
<tr>
<td><strong>Min volumes for those with low level mental health needs - engaged</strong>¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DSS: 484 Individuals</td>
</tr>
<tr>
<td></td>
<td>West Kent: 348 Individuals</td>
</tr>
<tr>
<td></td>
<td>Ash&amp; Cant: 442 Individuals</td>
</tr>
<tr>
<td></td>
<td>SKC &amp; Thanet: 726 Individuals</td>
</tr>
<tr>
<td></td>
<td>These modelling estimates have been based on current activity and would equate to 1% of those with low level mental health needs accessing the service</td>
</tr>
<tr>
<td></td>
<td>It is our aspiration that this would move incrementally towards 2% and beyond during the life of the contract</td>
</tr>
<tr>
<td></td>
<td>Green : Minimum met</td>
</tr>
<tr>
<td></td>
<td>Amber : 5% below min</td>
</tr>
<tr>
<td></td>
<td>Red : 10% below min</td>
</tr>
<tr>
<td><strong>Min volumes for those with higher level mental health needs - engaged</strong>¹</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DGSS: 145 Individuals</td>
</tr>
<tr>
<td></td>
<td>West Kent: 104 Individuals</td>
</tr>
<tr>
<td></td>
<td>Ash&amp; Cant: 133 Individuals</td>
</tr>
<tr>
<td></td>
<td>SKC &amp; Thanet: 218 Individuals</td>
</tr>
<tr>
<td></td>
<td>These modelling estimates have been based on current activity and would equate to 12% of those with higher level mental health needs accessing the service</td>
</tr>
<tr>
<td></td>
<td>It is our aspiration that this % would</td>
</tr>
<tr>
<td></td>
<td>Green : Minimum met</td>
</tr>
<tr>
<td></td>
<td>Amber : 5% below min</td>
</tr>
<tr>
<td></td>
<td>Red : 10% below min</td>
</tr>
</tbody>
</table>

¹: Engaged refers to those who have engaged with the service in the last year.
<table>
<thead>
<tr>
<th><strong>Community Mental Health and Wellbeing Service Specification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>increase incrementally during the life of the contract</strong></td>
</tr>
</tbody>
</table>
| **% of those engaged with the service from quintiles 1 and 2** | Green : 30%  
Amber : 25%  
Red : 20% | 10% |
| **Employment**  
Number of unemployed people that have entered paid employment for 16 hours+ for 13 weeks + in secondary care | DGSS = 24  
West Kent=17  
Ashford & Canterbury = 22  
SKC& Thanet= 37 | 10% |
| **Housing**  
Number of hours of housing support provided | DGSS = 4530 hours per year  
West Kent=3257  
Ashford & Canterbury = 4137  
SKC& Thanet= 6795 | 10% |
| **Outcome: 8 Market stewardship**  
Correct invoice paid on time to DN | Green : 95% - 100%  
Amber : 85% - 94%  
Red : 75% | 5% |
| **Outcome 5 Quality**  
DBS checks in place where applicable | Green : 95% - 100%  
Amber : 85% - 94%  
Red : 75% | 5% |
Satisfaction rates
Measurement tool and tolerances to be agreed 5%

Delivery partner satisfaction
Measurement tool and tolerances to be agreed 5%

- Year 2: onwards

The below is an indication of the measures that will be used as part of the outcome payments to the Strategic Partner. These will be fully developed during year 1 jointly with the Strategic Partners.

<table>
<thead>
<tr>
<th>Fee for service</th>
<th>Service Specific Requirements and Strategic Partner Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcomes payment</td>
<td>Organisational</td>
</tr>
<tr>
<td>Outcome 2: Network well managed and help to account</td>
<td>Response rate to new enquires within 2 working days - 95%</td>
</tr>
<tr>
<td>Outcome 6 Delivery of service outcomes</td>
<td>Outcome 6 Delivery of service outcomes for individuals with CMI</td>
</tr>
<tr>
<td></td>
<td>Numbers engaged with the service</td>
</tr>
<tr>
<td></td>
<td>Number of unemployed people that have entered Paid Employment (16hrs+ for 13 weeks +) in Secondary Care To be based on year 1 data</td>
</tr>
<tr>
<td></td>
<td>Number of people with a mental health diagnosis that have entered paid employment for 16 hours+ for 13 weeks in primary care To be based on year 1 data</td>
</tr>
<tr>
<td>Outcome: 8</td>
<td>Market stewardship</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>% of those engaged with the service from quintiles 1 and 2</td>
<td>To be based on year 1 data</td>
</tr>
<tr>
<td>Target groups that are identified as at risk</td>
<td>To be agreed in year 1</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>Number of hours of housing support provided</td>
</tr>
<tr>
<td>Percentage of individuals who maintained their independence at the end of each quarter.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome: 5</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct invoice paid on time to DN/ % of delivery by Strategic Partner exceeds 60%</td>
<td>To be agreed</td>
</tr>
<tr>
<td>An additional measure could be put into place around DP outcomes – for discussion in year 1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Personal</th>
<th>Outcome 1: People Connected to their</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of service delivery in mainstream settings</td>
<td>To be agreed in year 1</td>
</tr>
<tr>
<td><strong>Communities and Feel Less Lonely and Socially Isolated</strong></td>
<td>people accessing/ or measure of social connectivity</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Outcome 3: optimised health and wellbeing</strong></td>
<td>Improvements in wellbeing reported using WEMWBS or alternative tool / Or number of completed WEMWBS</td>
</tr>
<tr>
<td></td>
<td>Improvement in personal outcomes using a validated tool for those with CMI</td>
</tr>
<tr>
<td></td>
<td>Target related to links with health improvement services or delivery of health interventions</td>
</tr>
<tr>
<td><strong>Social Value</strong></td>
<td><strong>Outcome</strong></td>
</tr>
<tr>
<td><strong>Incentivisation payment</strong></td>
<td>Sustained employment at 6 months and 12 months with those with CMI</td>
</tr>
<tr>
<td></td>
<td>Reported change in wellbeing / personal outcomes maintained at 6 and 12 months for those with CMI</td>
</tr>
<tr>
<td></td>
<td>% of income not directly sourced from KCC/CCG’s invested in service</td>
</tr>
</tbody>
</table>