

COMMISSIONING OPTIONS TABLE

MINDING THE GAP

STEP 1: MARKET ANALYSIS & MAKE OR BUY ANALYSIS

Market Analysis

Minding the Gap is a partnership between local specialist NHS and VCS organisations, launched in April 2015, funded jointly by Camden Council and Camden CCG. The key aim of the service is to improve transitions between child and adult mental health services, to improve the reach of mental health services for young people aged 16-24 and to destigmatise health services by offering holistic and integrated support.

There are three main elements to the service:

1. The Hive Hub and the Hive outreach team (provided by a consortium led by Catch-22, and including the Tavistock & Portman NHS Trust, Camden & Islington Foundation Trust, the Brandon Centre and the Anna Freud Centre).
2. Counselling and psychotherapy (provided by the Brandon Centre).
3. The Camden transitions team (provided by Camden & Islington NHS Foundation Trust).

The C&I NHS Transitions Service is not in scope for this procurement. This service is part of the Camden & Islington Foundation Trust/ CCG adult mental health services block contract. In addition, the Counselling and Psychotherapy contract with the Brandon Centre includes another service, commissioned as part of CAMHS, the Systemic Integrative Treatment (SIT), which is also in scope for this re-procurement.

Therefore, the services in scope for this procurement are:

- a) The Hive Hub and Hive outreach team
- b) Specialist counselling and psychotherapy service for young people aged 16-25, who would otherwise not meet the criteria for adult mental health services.
- c) Systemic Integrative Treatment (SIT) & Therapy. It should be noted that this service is not part of MTG project, it is a CAMHS service, but is part of the same Brandon Centre contract as the psychotherapy service which ends in March 2022 and therefore needs to be procured at the same time.

It is not clear what the market is at the moment in terms of other providers which may want to bid for the Hive Hub and outreach team. There could be other VCS organisations nationally, however the partnership with local NHS providers is key. The strength of the current service lies

in the fact that it is provided by a unique consortium of organisations which are specialists in this area of work. It is envisaged the organisations which form the current consortium would want to bid together as a consortium again, possibly bringing in other local organisations linked to the delivery of the Hive, such as Fitzrovia Youth Action.

The Brandon Centre is a small local organisation, which has been funded by Camden to deliver mental health and sexual health services to Camden young people for over 30 years. Potentially another provider could bid to deliver the psychotherapy and SIT services, if the Brandon Centre lost the contract for the psychotherapy service this could have an impact on their financial sustainability. The SIT (Systemic Integrative Therapy) was a therapy model which was developed by the Centre itself, and although it could potentially be replicated by other organisations, the Brandon Centre are the experts. In addition, the Brandon Centre has a trainee programme partnership with UCL, and they benefit from sessions from clinical psychologists in their final year of study; this adds capacity to the service at no extra cost to Camden.

Make or Buy Analysis

1(a) Is Camden permitted by legislation to deliver the service in-house?	Yes
1(b) Does Camden currently have the systems/structures, skills, experience and plant/equipment to deliver the service in-house?	<p>Brandon Centre Psychotherapy Service: NO; The Council doesn't currently have the infrastructure in place, nor is there an obvious team/area of the Council where this team would sit. This is a clinical psychology service – the psychologists employed by the Brandon operate within their organisation's clinical structure, supervision, training and PDP. We do not have the structures within Camden to provide the small team at the Brandon working on the Camden contract with the necessary team structure and supervision. It is unlikely that any Brandon Centre staff would want to TUPE into the Council as a small stand-alone service. The Council doesn't currently have the expertise in house to build a clinical psychology service from the start, and there is not any obvious advantage to do this, financial or otherwise.</p> <p>The Hive Hub: NO; The current lead provider, Catch-22, have formed a consortium with four local VCS and NHS organisations, which they subcontract to deliver some of the Hive Services. The organisations which form the consortium bring a wide range of experience and expertise with them. Partnership with local VCS and NHS organisations is considered key to the success of the project. Camden Council would need to maintain the partnership, sub-contracting the clinical elements to local NHS organisations. Without the other VCS partners having a financial or contractual stake in the delivery of the project the engagement/ partnership may be difficult to maintain. Early engagement with young people when the project was first conceived found that they were more likely to trust and engage with VCS providers than with the Council services, therefore a change to this may be</p>

	detrimental and should be consulted on prior to moving away from this key and important element of the partnership model.
1(c) Is it feasible that Camden can recruit, upskill, purchase the necessary plant/equipment and create the systems/structures within the timeframe required?	<p>The Hive Hub: Possibly, given that we are aiming for the service to commence in April 2022, this could be a feasible option to consider. Also, the Council already owns the premises.</p> <p>Because the team is already in place, TUPE would probably apply, and most of the team which provide the Hive Hub would need to be TUPEd into the Council. The clinical staff currently seconded to Catch-22 from the Tavistock and C&I would remain employed by their respective NHS organisations. They could not be TUPEd into the Council as they are clinical staff, so the Council would need to set up a secondment arrangement with the Tavistock and C&I. The staff seconded into the Hive by the Anna Freud Centre and the Brandon could be TUPEd into the Council. However, this would put an end to the current Minding the Gap partnership which has been instrumental in implementing and developing the model, and those staff would lose the links to their respective organisations, including supervision, specialised training and development. Also, the HR resource and timescales required to TUPE staff should not be underestimated. IT support would also be needed with record migration from Catch-22 systems into Mosaic. There would be one off costs of supplying staff with IT and phone equipment.</p>
1(d) Is it possible to build up the workforce and purchase the plant/equipment in the future?	Partly – clinical staff would need to be seconded in.

STEP 2: COMMISSIONING OPTIONS – OPTIONS ANALYSIS

OPTION 1: RE-PROCURE SERVICE (OUTSOURCING)

Summary	<p>This option would entail re-procuring the service through a tender exercise. Considering the nature of the project, it is proposed that a market testing exercise is carried out first to ascertain the state of the wider market.</p> <p>If the market testing exercise shows that providers outside the current consortium are interested in bidding, we would will procure the service by competitive tender with an element of negotiation with potential providers.</p> <p>If there was no market interest, we would be able to negotiate directly with Catch 22 in accordance with regulation 32.2(a) of the Public Contract Regulations 2015 “where no tenders, no suitable tenders, no requests to participate or no suitable requests to participate have been submitted in response to an open procedure or a restricted procedure”.</p>		
	Benchmarking	<p>The Hive is a unique service, it is an innovative project developed by Camden Council and Camden CCG in partnership with local organisations. Benchmarking data with other projects is not available.</p>	
Assessment	Social Value	<p>How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)</p>	Strong
		<p>Outline the specific Social Value deliverables</p>	<ul style="list-style-type: none"> • Key to the success of the project has been the partnership between the three different organisations, and the wealth of experience and specific expertise the partners and their respective organisations bring to the project as a whole. The social value added by the VCS would be maintained, and can be built into the contracts through the re-procurement process. • The VCS sector provide additional resources from the charitable funds at no charge to Camden. This includes trips abroad for disadvantaged Camden young people as well as other services and activities. Projects currently being developed by the VCS include the development of a Hive Academy, which would provide apprenticeship and training opportunities to Camden vulnerable young people.

			<p>Through the procurement process, we would be asking bidding organisations for similar added social value.</p> <ul style="list-style-type: none"> • Further opportunities to develop social value outcomes can be built into the tender, which may increase the social value of the current service, such as expanding the training and employment opportunities for young people.
	Other Pros & Cons of the Option not identified above	Pros	<ul style="list-style-type: none"> • Other local or national organisations may be interested in bidding for the service, bringing in additional ideas and expertise. The re-procurement exercise would allow this. • The contract has come to an end and there is no opportunity for further extensions. The options available are to either insource the service (see Option 2 below), or if insourcing is not considered suitable, the Council CSOs require the Council to undertake a competitive process to re-procure the service, due to the value of the proposed contract.
		Cons/Risks	<ul style="list-style-type: none"> • A procurement exercise is resource intensive and time consuming, both for commissioners and providers. Current providers will need to re-direct resources away from direct service delivery to write their bids. The smaller organisations, such as Brandon and Anna Freud, will be more impacted by this as they don't have large administration teams within the organisation which can help with this work. • Risk of large private (or public) provider coming into the market and outbid the smaller local organisations, which could result in these becoming financially unviable and therefore impact on delivery of other services we commission from them (i.e. sexual health service). • There is a very good partnership and relationship between Camden Council and current providers, which could be lost through a re-procurement. The current service has been developed and adapted in close partnership between Council and providers. Providers have responded well and with flexibility, even when we have had to make significant cuts to the service in the past, they have been willing to work together and come up with options to minimise impact on front-line services.

			<ul style="list-style-type: none"> The Brandon Centre, for example, started a trainee partnership programme with UCL University, whereby they are able to give honorary contracts to clinical psychologists in their final year of study who need therapy sessions to qualify. This means we have been able to get extra-therapy sessions in the Camden service at no extra cost.
	Financial Assessment	FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable)	Same as currently. Council would continue to provide the premises, commissioned providers would continue to provide equipment, technology, etc. as part of the contract value.
		FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)	<i>Not applicable</i>
		FA3. Total cost of the option over the life of the commissioning	<p>We are proposing a contract of five years duration with two options to extend of 2 years each. The cost of each service over the whole of this nine year period would be:</p> <ul style="list-style-type: none"> The Hive Hub: £550,000 per year; or £4,950,000 for the duration of the contract period (Lot 1). The counselling & psychotherapy service and systemic integrative therapy: £368,000 per year, or £3,312,000 for the duration of the contract period (Lot 2).
		Outline any renewal/depreciation considerations	n/a
Recommendation		YES	

OPTION 2: INSOURCING

Summary	<p>This option would only apply to the Hive Hub currently delivered by a consortium of 3 VCS organisations and two NHS providers, led by Catch-22. It would not apply to the Psychotherapy or to the Systemic Integrative Treatment service currently delivered by the Brandon, which is not suitable for insourcing and would still need to be procured, even if the Hive Hub was insourced.</p> <p>This option would involve the transfer of the Hive team workforce from the VCS contracts onto Council contracts through the TUPE system. Camden Council would need to then enter into an arrangement with Tavistock and C&I for the secondment of clinical staff.</p>		
	Benchmarking	<p>The Hive is a unique service, it is an innovative project developed by Camden Council and Camden CCG in partnership with local organisations. Benchmarking data with other projects is not available, although we have used benchmarking information from equivalent council youth services to establish the staff grades and costs should the service be provided in-house.</p>	
Assessment	Social Value	<p>How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)</p>	Sound
		<p>Outline the specific Social Value deliverables</p>	<p>The Council would be able to provide social value as part of this service, however, we would miss the social value brought in from VCS organisations with access to wider activities and resources.</p> <p>See Option 1.</p>
	Other Pros & Cons of the Option not identified above	<p>Pros</p>	<ul style="list-style-type: none"> • The Council would completely control the service and would retain all flexibility to change it. • Most of the current staff would be eligible for TUPE, the team is already formed/recruited to, and therefore it would involve minimum recruitment by the Council. • The premises are already owned by the Council, no additional space needs to be found to house the team. The staff would continue to work from the current premises and they would not notice major difference to their day to day work, only their employer would change.

			<ul style="list-style-type: none"> • The service could sit within the Integrated Youth Services in Camden, potentially creating stronger links with other Council services for the 16-25 population.
		Cons/Risks	<ul style="list-style-type: none"> • The Council will not be able to benefit from the innovation or additional social value that voluntary and community sector (VCS) providers and NHS providers can offer. Key to the success of the project is that all the organisations involved have a vested interest in the project and are committed to make it work. • TUPE can be a time consuming process, additional HR capacity would be needed for this. • Some staff may not want to TUPE to the Council, and they may be offered contracts by Catch-22 in their other services, meaning we could lose a significant proportion of the workforce. • Council would become responsible for staff redundancy costs, if the service needs to be cut further in the future. • When the service was designed, extensive consultation with young people found that they prefer and trust services delivered by VCS organisations rather than the Council. We may see people disengaging from the service if it becomes a Council delivered service. • Catch-22 provide additional resources from the charitable funds at no charge to Camden. This includes trips abroad for the Hive Young people as well as other services. They provide the management and oversight for the Hive service, including HR and admin support. Catch-22 currently absorb some of the costs of the service from their charitable funds. • Although the premises are owned by Camden, there would be associated set up costs for ICT, phones, HR TUPE process, etc. Records will need to be migrated to Camden Mosaic, this will incur a one-off cost. • We would not be able to benefit from the VCS providers' relationships with the community and in working with these very vulnerable group of young people.

			<ul style="list-style-type: none"> • Reputational damage of the Council amongst local VCS and NHS organisations which are already working in partnership and are committed to deliver a successful project. If the Council decided to insource the Hive, this could be seen by the VCS and NHS organisations as a “take over” by the council, and they could become disengaged and disenfranchised from a project they have worked very hard to create and develop. This would be a great loss to the project.
	<p>Financial Assessment</p>	<p>FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable)</p>	<p>If the service is insourced, capital investment will be needed for IT equipment- laptops and agile kits, phones, and software. In addition, there would be the additional costs of running the Hub and managing the premises.</p> <p>The total one-off costs of insourcing the service have been estimated to be £54,438, which will be incurred in 2022/23. No capital investment would be needed for premises. The Hive multidisciplinary team are based at the Hive Youth Hub, and Camden premises owns the premises, and funded the original refurbishment in 2015 from capital investment. The current re-procurement it is just for the team who runs the Hub and manages the premises.</p> <p>The Hive has a lease with Camden Council for the premises which runs out in April 2025, but there is a one month’s notice exit clause which they can use if they were to be decommissioned or loose the contract through re-procurement. The current budget for the rent for the building is only guaranteed until March 2022. Therefore, alternatives will need to be explored by commissioners either through finding additional budget to cover the rent, negotiating a rent reduction with the property team, or finding new premises (the latest may require a capital investment for refurbishment). But this will need to be done regardless of whether the service is insourced or outsourced.</p>

		<p>FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)</p>	<p>There are 11 members of staff in total:</p> <ul style="list-style-type: none"> • 1 AD post • 1 Hub manager post • 2 NHS clinical leads • 7 Young People’s workers. <p>Based on grades of existing youth services, we calculate the cost of staffing this service would be £440,443. This does not include employer pension contributions or NI contributions.</p> <p>There will be one-off costs incurred through the TUPE process, these costs have been included in FA1 section above.</p> <p>In addition there would be costs of the additional support functions associated with taking on an additional service: HR, training and development. We have allowed a small training budget of £2,000 for specialist training. We haven’t costed the costs of impact on HR – and assumed these would be absorbed by the Council. Even so, the calculation shows there would be no financial advantage to the insourcing option. This is because the management costs added by the VCS providers are very small and there is no profit margins.</p>
		<p>FA3. Total cost of the option over the life of the commissioning</p>	<p>The total cost of the insourcing option would be approximately £611,000 in Year 1, and £556,000 per year in subsequent years. The total cost over the 9 years would be £5,065,539.</p> <p>This is approximately £115,539 in total over the life of the commissioning, over and above the costs of the external commissioning option.</p> <p>It should be noted that this is an estimate which assumes no inflationary costs, either to the contract or to the Council, and assumes all salaries at mid-point. In fact, some salaries will be at bottom of scale and some at top of scale - so mid-point has been used as an average.</p>

		Outline any renewal/depreciation considerations	NA
Recommendation		NO	

OPTION 3: DECOMMISSIONING THE SERVICE / DO NOTHING

Summary	This option would entail letter the current contracts run out, and therefore we would be left without any services from 1 April 2022.		
	Benchmarking	Not applicable	
Assessment	Social Value	How well does the Option deliver Social Value? (Give an assessment – Poor, Sound, Strong)	Poor
		Outline the specific Social Value deliverables	<i>Not applicable – no social value outcomes would be met</i>
	Other Pros & Cons of the Option not identified above	Pros	Decommissioning services would result in immediate savings for both Camden Council and North Central London CCG, as this contract is joint funded.
		Cons/Risks	<ul style="list-style-type: none"> The impact of the service ceasing to exist would be approximately 400 young people per year currently current receiving 1:1 support needing to find alternative provision. These young people may go on to develop more severe problems, therefore creating an increase on demand for crisis care and hospital admissions. This would eventually have financial implications for the health and social care system. MTG is reporting good progress on outcomes, as evidenced above, and is meeting the needs of a very vulnerable cohort of young people

			<p>as evidenced by the vulnerabilities and risk factors of the cohort utilising the service. All these progress on outcomes would be lost.</p> <ul style="list-style-type: none"> The project is now being highlighted as an example of good practice nationally and in the NHS Long Term Plan and other areas are looking at replicating it. Given the high profile of the project, decommissioning could potentially cause significant reputational damage to the Council and the CCG. It would also be politically controversial.
	Financial Assessment	FA1. The amount needed for capital investment in assets (fixed and movable) – plant, equipment, buildings, vehicles, systems, technology and ongoing financial ramifications of those things (if applicable)	<i>Not applicable</i>
		FA2. The amount needed for staffing, TUPE, Pension costs etc. (if applicable)	<i>Not applicable</i>
		FA3. Total cost of the option over the life of the commissioning	<i>Not applicable</i>
		Outline any renewal/depreciation considerations	<i>Not applicable</i>
Recommendation	NO		