



# **EMOTIONAL WELLBEING AND MENTAL HEALTH PATHWAYS:**

## **UNDERSTANDING THE GAPS IN SERVICE PROVISION AND HOW VOLUNTARY COMMUNITY SECTOR ORGANISATIONS CAN PLAY A MAJOR ROLE IN THE LOCAL COMMUNITY OF CITY AND HACKNEY.**

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## Index of Acronyms

Acronym	Meaning
ACS	African Community School
BAME	Black, Asian and Minority Ethnic
BPCF	Black Parent Community Forum
CAMHS	Children & Adolescent Mental Health Services
CAN	?
CH	City and Hackney
CYP	Children & Young People
ELFT	East London Foundation Trust
EMW	Emotional Wellbeing
F2F	Father 2 Father
GM	Growing Minds
HCVS	Hackney Council for Voluntary Services
HRMF	Hackney Refugee and Migrant Forum
HUH	Homerton University Hospital
IAPT	Improving Access to Psychological Therapies
LA	Local Authority
LGBTQi+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
MH	Mental Health
Mind CHWF	Mind in the City, Hackney and Waltham Forest
PH	Public Health
PTWA	Psychological Therapies and Wellbeing Alliance
SMI	Serious Mental Health Illness
SWIM	Support When It Matters
VCSOs	Voluntary Sector Communication Organisations
WAMHS	Wellbeing and Mental Health in Schools
WN	Wellbeing Network

## Executive Summary

### Overview

The Voluntary Community Sector (VCS) Enabler was created in Winter/Spring 2021 as a mechanism to incorporate Hackney and the City VCS into the local health system. The VCS Enabler has a number of aspects including Networks, Neighbourhoods, VCS Leadership Group and the VCS Assembly Model. Hackney Council for Voluntary Service (HCVS) is responsible for ensuring that the VCS governance model and system is effective and reliable from the bottom up, to enable maximum participation from communities across the health system.

The VCS enabler delivery plan is centred around The Assembly Model; a quarterly forum bringing together Voluntary and Community Sector organisations and key Statutory stakeholders, to share community wide insight and ideas to addressing a locally relevant health inequality topic and the impacts of this inequality. The VCS Enabler utilises HCVS's raft of networks and neighbourhood conversation platforms to further develop and consult on proposals that come from the VCS Assembly, with most significant influence opportunity held by the VCS Leadership group, to ensure service alignment across the health system and best use of the VCS's unique and powerful position in City and Hackney's communities.

The first VCS Assembly was delivered on 16<sup>th</sup> June 2021 on the topic of Emotional Wellbeing and Mental Health (EMW and MH) Pathways in the City and Hackney (CH). This was a topic overwhelmingly chosen by the VCS Leadership group, CH organisations and key stakeholders. In the context of the COVID-19 pandemic, the emotional wellbeing and mental health inequalities experienced across CH were highlighted. City and Hackney house a variety of voluntary sector, both large national and smaller locally based organisations who support the local EMW and MH agenda in the area.

The need to understand the gaps in mental health and emotional wellbeing pathways in City and Hackney and how the voluntary sector can contribute to filling these gaps, gave way to a consultation, centred around the VCS Assembly. As well as exploring gaps and VCS opportunities for supporting EMW and mental health, the consultation set out to explore the most suitable commissioning routes and frameworks to the VCS, assessing the benefits and barriers to commissioning the VCS.

Typically, VCS organisations that support the local health systems agenda are either commissioned through local fundraising avenues or/and through funding from commissioning bodies such as City and Hackney Clinical Commissioning Group (CHCCG) route, Public Health (CHPH) and the Local Authority (LA).

Commissioning bodies typically fall under 3 alliances/networks; the Child Mental Health Service (CAMHS) Alliance, Psychological Therapies Alliance and Wellbeing Network (though some are commissioned independently). CH CCG, Public Health and Local Authority also run a variety of grant-based funding schemes and in recent months, in response to Covid-19, Hackney Council for Voluntary Sector have been pivotal through their Hackney Giving scheme as a disseminator of funds from the CCG, PH and LA.

## Defining the Health and Community Problem

Good mental health is a powerful asset and is linked to physical health, both of which support positive social and economic outcomes for individuals and society (The Health Foundations, 2020). In the UK, mental health disorders account for almost a quarter of the total burden of ill health. Poor mental health is associated with a number of social determinants of health including living in poverty, low quality work, unemployment and housing. There is strong evidence of the burden of mental health following disasters, suggesting the significant impact COVID-19 will have on the mental health of communities.

Compared to national rates, Hackney has lower levels of GP recorded depression. However given that depression tends to be underdiagnosed in deprived areas (Hackney is among the top 2 most deprived Boroughs in London), this is likely not adequately reflective of the situation. Hackney has also seen higher levels of residents using local psychological services for anxiety and depression than other local areas. Recorded levels of severe mental illness in Hackney are amongst the highest in London. Local surveys suggest that a quarter of Hackney residents are considered 'high risk' drinkers.

National policies and guidelines increasingly take a broader view of emotional health and wellbeing, particularly of children and young people. The recommendation is that of an early life coach approach to achieve maximum impact on the child or young person's life and future generations. This is different from the former 'firefighting' approach to mental health of dealing with crises as and when they arise.

Strategy documents by City and Hackney prove that in addition to lack of affordable and adequate housing, discrimination and racism also impact on wellbeing. Vulnerable groups, including (but not limited to) groups of diverse ethnic origin, those who identify as LGBTQ+, those who are looked after, those from families who do not have leave to remain in the country, those with special educational needs (SEND) and those living in poverty – are especially more likely to be in a position where they are unable to access universal health care in traditional settings. Within Hackney, 44% of children are living in poverty, 432 children are in care and approximately 40% of the population is of diverse ethnic origin, with. (NHS NE London CCG – CYP Emotional Health and Wellbeing Strategy 2021-2026).

## The CCGs, Public Health and Local Authority' Commitment to Commissioning the Voluntary Sector

The following strategies in City and Hackney outline the borough's vision and approach to commissioning the VCS. These strategies have been defined to support and address mental health and emotional wellbeing issues in City and Hackney.

Hackney Community Strategy 2018 – 2028: This document seeks to address the question of provision of services and define a vision for the 'kind of future we would like to see for our communities.' The council's vision lays strong emphasis on its ambitious plans to work with local organisations and the community, alongside the CCG and public health providers, to design and deliver services in Hackney.

Voluntary and Community Sector (VCS) Strategy 2019-2022: The document openly acknowledges a vital and unique role that VCS organisations hold - "VCS organisations often have to work with many different public sector agencies and stakeholders in delivering their work and can often see where system blockages or inefficiencies exist. This insight can be shared with relevant strategic partnerships to drive change at all levels, both strategic and operational."

City and Hackney Mental Health Strategy 2019-23. Vision, approach and priorities:

Vision: “Everyone will enjoy good mental health in the City and Hackney with access to the right care at the earliest opportunity when they need it, delivered as close to their local community as possible.”.

Approach: “To develop a whole system approach to mental health in City and Hackney, bringing together the NHS, local authorities, the voluntary and community sector, service users and other partners.”.

These strategies widely recognise the need to commission the VCS in the local area.

## Benefits and Challenges to Funding the Voluntary Sector

The consultation, which involved key stakeholders, highlighted several benefits and barriers to commissioning the VCS to support EMW and MH pathways. Benefits of commissioning the VCS were recognised by both commissioning bodies and VCS Organisations and included:

- The sector’ innate ability to reach into and cultivate trust within the local community; particularly with hard to reach and marginalised groups
- The sector’ approach to holistic and flexible service delivery;
- The sector’ crucial role in the provision of culturally sensitive services for an ethnically diverse community.

Some of the identified barriers were more relevant to smaller VCS organisations; that comprehensive commissioning frameworks can be difficult to navigate and the challenge in having a strong voice at strategic tables.

## Commissioning

### Traditional Procurement Processes Versus Grant Based Commissioning

The consultation highlighted that many VCS organisations appreciate the ease of bidding for grant based contracts. However, VCS Organisations typically preferred longer contracts that traditional procurement and contracts typically offer. Many VCS organisations, in particular smaller organisations, felt unsure of how to navigate the traditional procurement route and expressed that they may benefit from support and guidance to manoeuvre through commissioning processes.

### Commissioning Models: Alliance, Sub-contractor, Direct Commissioner to Provider

VCS Organisations expressed a preference for direct commissioner to provider contracts or alliance/network contracting models. However, lead provider models were least favourable due to

- the perceived shift in power to the lead provider plus
- the amount of funds from total budgets that are some utilised as a management fee to the lead provider.

## VCSO Commissioning Proposals:

There were several commissioning proposals from the different sub-groups of the voluntary sector including:

**Children and Families:** Primary to secondary school's transitions support for CYP

**Youth:** Clinical supervision staff embedded within youth services and connected to core CAMHS services

**Refugees and Migrants:** A single hub for support or/and increased funding to refugee and migrant VCSO groups

**Disabilities and Long-Term Conditions:** An increase in funding for holistic support and activities & group work

**Adults and Older People:** Additional funding for befriending and carer' services for adults and older people; coaching and mentoring provision for adults and specialized support for individuals experiencing mental health challenges such as trauma or personality disorder.

**LGBTQ+:** Training provision for ethnic and cultural groups including the Muslim and Middle Eastern Communities

**Systems and Commissioning Navigation:** To support smaller VCS Organisations and smaller organisations to navigate commissioning processes.

### Commitment to a Joint Commissioning and Pathways Navigation Framework

In consideration of the identified gaps and barriers to commissioning the voluntary sector it would be ideal to create a Systems and Commissioning Navigation Framework embedded within the local borough. The framework would support smaller and smaller organisations to a) feel further equipped to bid for funding b) further integrate and interface with commissioning bodies and larger providers and c) develop a greater understanding of commissioning frameworks and local pathways.

The framework would also provide the assurances that commissioning bodies and NHS providers require to work closely with VCS organisations; particularly around quality and safety assurances, safeguarding, and general monitoring and contracting expectations.

This paper outlines the outputs of this consultation in depth and provides recommendations to CH local commissioning bodies.



## 1 Aims and Methodology of the Consultation

### Overview

Commissioning the VCS to support local health pathways is a recurrent theme nationally. However, more focus is required to understand how VCS organisations can work more closely in collaboration with clinical commissioning groups, local authorities and larger providers such as hospital trusts.

In 2021 the VCS Leadership Group, in collaboration with Hackney CVS, approached City and Hackney CCG, Local Authority and Public Health with a vision of having the VCS embedded within the local CH health system. The VCS assembly was created and funding secured for one year to test this approach. Four assemblies were envisioned with an aim for the first consultation and business case to focus on emotional wellbeing and mental health (EMW and MH) pathways and how these can be enhanced with VCS involvement and investment.

### The Aims of the Consultation

There were several shared core aims to this consultation including:

- To understand what EMW and MH services and projects are commissioned by the CCG, LA and Public Health in City and Hackney
- To identify some of the core gaps in the local mental health and emotional wellbeing pathways in the local areas
- To identify the benefits of commissioning the VCS to support local pathways
- To understand any challenges in commissioning the voluntary sector
- To identify what services or projects the voluntary sector could provide to reduce any pathway gaps in service provision.
- To understand the most suitable and viable commissioning models for commissioning the VCS.

### Consultation Population Groups and Methodology

The initial EMW and MH VCS Assembly included 189 individuals and organisations from across CH from over 60 organisations. Following the Assembly, the consultation focused primarily on the following groups of populations, in the form of meetings with key VCS organisations and statutory partners that support these populations:

1. Adult Mental Health
2. Children, Young People and Families
3. Learning Disabilities and Long Term Conditions
4. Older People
5. Refugee and Migrant Population
6. LGBTQ+

Commissioning key stakeholders involved in the consultation included:

	CH Clinical Commissioning Group (CCG)
	CH Public Health (PH)
	CH Local Authority including Adult Social Care

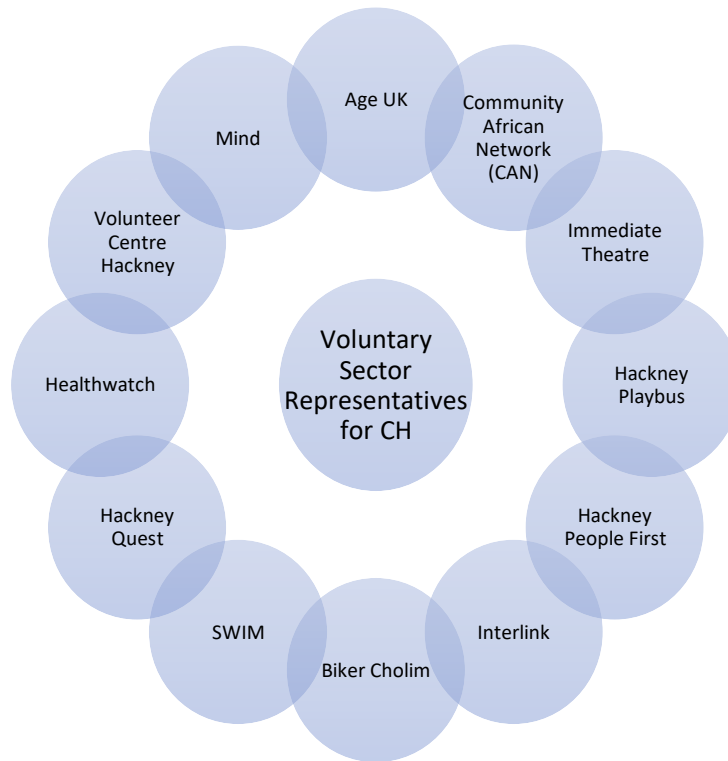
Clinical Providers who contributed to the consultation included the following two NHS providers:

	Homerton University Hospital (HUH)
	East London Foundation Trust (ELFT)

Voluntary Sector Organisations:

VCS Organisations represented the six sub-groups and included the following providers:

**Voluntary Sector Organisations involved in the EMW and MH Consultation**



The consultations took place over a 2-month period, through a series of group interviews categorised into the six sub-groups and several key stakeholder groups.

## 2 Commissioning the Voluntary Sector in City and Hackney

### 3.1 Current Mental Health and Emotional Wellbeing Commissioning Profiles in in City and Hackney

CH CCG, LA and Public Health all contribute to the commissioning of local EMW & MH pathways in City and Hackney. Adult primary and secondary care services and children and young people tier 2 and 3 services are typically commissioned by the local CCG, whereas, PH and the LA contribute to the commissioning of these services in addition to universal support services.

The borough of CH has a rich catalogue of services, and although the two largest providers in CH are East London Foundation Trust (ELFT) and Homerton University Hospital (HUH), there are a vast number of VCS providers that contribute to the local mental health pathways.

Though commissioning bodies do provide direct contracts to providers, the majority of contracts within local mental health pathways typically fall under three main alliance or partnership contracts. These include:

**The CAMHS Alliance:** This alliance network for the commissioning of Children & Adolescent Mental Health Services oversees CAMHS, WAMHS, specialist Learning Disability Services contracts and a myriad of voluntary sector services including Family Action Counselling

service and Growing Minds. Voluntary services that contribute to this alliance include African Community Schools, Father2Father, Off-centre, Derman, and Family Action.

**The Psychological Wellbeing and Therapy Alliance (PTWA):** This network, commissioned by CH CCG, hosts providers including ELFT, Homerton and SWIM amongst a number of voluntary providers, who provide clinical and holistic support to individuals with emotional wellbeing and mental health challenges.

**The Wellbeing Network:** This network, commissioned by Public Health, is led by MIND as the Lead Provider. The network commissions a number of voluntary sector organisations such as Shoreditch Trust, Vietnamese MH services, Core Arts, Centre for Better Health, Mind CHWF, Immediate Theatre, Find a Balance, Derman and Bikur Cholim.

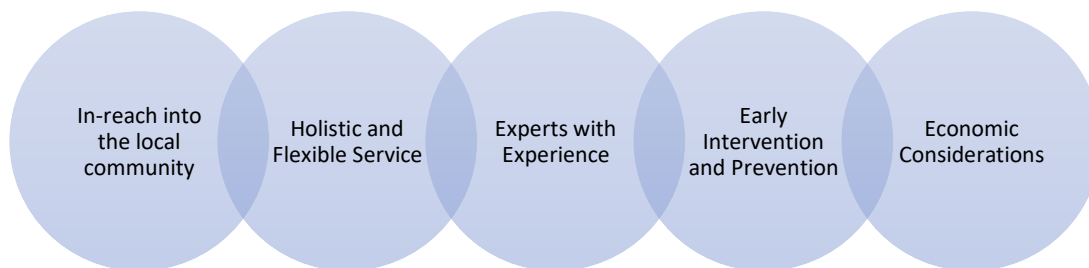
**Hackney Giving:** Hackney Giving, a sub-sector of HCVS, provides a grant giving portal for VCS Organisations to channel funds from commissioning bodies. Over the last 12 months, for example, HCVS have distributed £1,100,00 in 131 grants ranging from £749 to £30,000 to 93 local organisations. Funding distributed through Hackney Giving to VCS organisations was specific to helping keep local people safe throughout the Covid-19 pandemic. VCS organisations typically utilised funding to support the local community to access accurate and up to date public health information and to support engagement at vaccine pop up clinics and the vaccine bus. A proportion of funding was also provided to support VCS Organisations to help older people combat isolation and loneliness, as well as supporting young people through emotional wellbeing challenges.

### 3.2 The Value of Commissioning the Voluntary Sector in City and Hackney

It is vitally important to recognise the value that the VCS brings to supporting local EMW and MH pathways in the local borough. It is equally important to understand some of the barriers VCS Organisations face when interfacing with commissioned pathways.

The consultation set out to determine the perceived value and barriers to commissioning VCS Organisations in CH. Both commissioning bodies, voluntary sector organisations contributed to this part of the consultation exercise.

Diagram 1: The benefits of commissioning the voluntary sector to deliver emotional wellbeing and mental health services



*Table: An Overview of the Value of Commissioning the Voluntary Sector in CH: Respondent Feedback*

Value	Overview
<b>Unique In-reach into the Local Community</b>	<p>All contributors to the consultation recognised that VCS organisations including smaller organisations exercise a powerful and unique ability to reach into local communities and work alongside individuals who may not otherwise seek support through more clinical routes such as via GP (primary) or secondary care services.</p> <p>Seldom heard, marginalised communities and sometimes ethnically diverse communities may lack trust in statutory organisations for a variety of reasons, and are instead more likely to be engaged with community-based organisations such as faith-based institutions, youth groups, schools (for example), which often are better placed to meet cultural needs.</p> <p>Parents who encountered the CYP MH Growing Minds culturally sensitive parenting programme in City and Hackney, for example, provided feedback that they would not have sought similar services through NHS providers.</p>
<b>Holistic and Flexible Services</b>	<p>Contributors to the consultation highlighted that many VCS Organisations, including smaller organisations, typically tend to operate within a flexible framework. A number of organisations also offer a range of holistic services from art therapy, walking therapy and culturally specific &amp; sensitive activities. Some VCS Organisations, such as African Community Schools, for example, also operate in the evening and over the weekends. Black Parent Community Forum, for example, expressed that they sometimes provide out of hours support to children/young people and family in crisis.</p> <p>Many traditional providers, such as GPs, CAMHS services and IAPT, on the other hand, tend to have a structured approach to providing services, which though reflective of good practise (i.e., NICE guideline compliant), operate within standard opening hours and are often clinically led. Though these types of service models tend to have a range of benefits, they are not always suitable for all members of the general public, in particular marginalised communities, and as such may pose their own barriers to access.</p>
<b>Experts with Experience</b>	<p>A number of VCS organisations consulted with expressed that they tend to employ staff and volunteers with lived experience or experience gained through direct work with service users.</p> <p>In addition to this, VCS organisations can furthermore make a wide contribution on a strategic level in providing an alternative point of view from private and public sector organisations.</p>
<b>Early Intervention and Prevention</b>	<p>At the core of their function, many VCS Organisations in Hackney aim to support children, young people and adults to mitigate crises and to prevent the need to access tiered or secondary care services. VCS Organisations are also less likely to hold long waiting lists and complex inclusion criteria (although this may not always be the case); thus, VCS led services can be seen as more accessible for the local public.</p>
<b>Economic benefits</b>	<p>Economically, many VCS Organisations provide services at a lower economic cost than larger NHS organisations. Though it can be argued that there should be equity of costs across providers regardless of statutory, NHS or VCSO status, many VCS Organisations are able to provide a flexible cost and workforce approach to service delivery (for example, utilising support workers and volunteers where clinical staff may not be required).</p>

	There is also a greater economic benefit to the local community with direct value to recipients and indirect value and benefits for those who are employed or undertake volunteering work within VCS organisations.
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### 3.3 Barriers to Overcome When Commissioning the Voluntary Sector

All parties involved in the consultant exercise agreed that the benefits of commissioning the voluntary sector outweighed the barriers in working with this group of voluntary sector bodies.

Nonetheless, both commissioning bodies and VCS Organisations recognised some of the challenges in commissioning voluntary and smaller organisations. Whilst detailed below, some of the challenges will be further explored in the next chapters.

Barrier	Overview
Infrastructure and Financial Barriers	<p>Most commissioning bodies work to a set of national guidelines, including objectives outlined by NHS England. These guidelines, objectives and governance frameworks create a structure to enable and oversee the safety and quality of services in the local area, as well as to ensure that money is well spent.</p> <p>Some VCS organisations, however, reported that they felt these standards can sometimes act as a barrier to competing against larger organisations who may have the relevant structures embedded within their internal systems. As such some VCS organisations felt at a disadvantage or/and discouraged to bid for services using the more traditional commissioning route.</p> <p>Some VCS organisations, in particular smaller or less established organisations, also highlighted the challenge to sometimes develop the required structures, due to often receiving small and short funding contracts, which preclude them from being able to sustainability build their capacity.</p>

### 3.4 Conclusion

In light of COVID-19, the emerging demand for services and the increased complexities in cases, VCS organisations can play a major role in CH in providing emotional wellbeing and mental health support to local residents. Many VCS organisations have the ability to in-reach into the local community, particularly where there is limited trust and stigma regarding accessing mental health support. VCS organisations can also play a role in providing preventative and early intervention support with a holistic approach to service delivery.

Despite the benefits of commissioning VCS organisations there are a number of barriers that need to be addressed; including challenges in VCS organisations being able to create infrastructures that meet quality assurance standards and issues related to the sustainability of funding.

### 3 The Review of Traditional Procurement Processes Versus Grant Based Funding for Commissioning the Voluntary Sector in City and Hackney

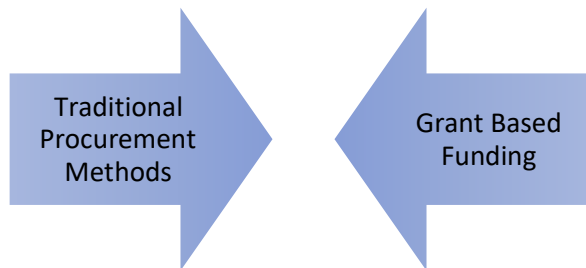
#### 4.1. Overview

The VCS consultation exercise aimed to explore options in determining the most favoured procurement and funding processes for commissioning the VCS. This section of the report is important as many VCS organisations expressed that decisions related to commissioning processes can impact an organisation’s ability to confidently and successfully bid or apply for funding in the local borough.

Responses were taken from both commissioning bodies, as well as voluntary sector organisations.

The two standard processes discussed included:

- a. Traditional Procurement Methods
- b. Grant Based Processes



#### 4.2. The Differences Between Traditional Procurement Processes and Grant Based Processes

Traditional Procurement Methods	Grant Based Processes
<ul style="list-style-type: none"> <li>- Application to bid to tender; usually undertaken through a national online portal with a number of steps to undertake including application, selection, pre-qualification questionnaire, evaluation of submission, invitation to tender and interview protocols before the award of a contract to the successful applicant.</li> <li>- This extensive process ensures fairness and transparency</li> <li>- Applicants typically need to prove that they have an excellent quality</li> </ul>	<ul style="list-style-type: none"> <li>- The grant-based commissioning process, on the other hand, tends to be (though not always) smaller sums of money over a short time period made available to voluntary sector organisations on a yearly basis.</li> <li>- The commissioning body will still have a set of applicant expectations, but the process may not be as rigorous and the funds easier to access than the traditional procurement methods. Post contract expectations (though not always) may also be lower than traditional or higher valued contracts.</li> </ul>

assurance process in place, good governance systems, the ability to successfully deliver on a contract, and prove financial security.	
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### 4.3 Consultation Feedback: Traditional Versus Grant Based Processes

The two following tables outline the perceived benefits and disadvantages of traditional procurement methods versus grant-based processes for EMW and MH pathway in CH:

#### Traditional Procurement Methods

Voluntary Sector Feedback	
Benefits	Disadvantages
Sustainability: traditional procurement methods tend to offer longer term contracts (2-5years).	The process is more likely to attract larger or/and more established providers rather than smaller voluntary sector organisations
VCS organisations who have successfully manoeuvred through the traditional procurement process (usually larger/national organisations) have been able to experience the 'learning' element of procurement mechanisms and feel better equipped to manage contractual processes and to bid for additional contracts.	Some VCS organisations may feel discouraged to bid for contracts as they are unsure of how to manoeuvre through the procurement process/ may not have the necessary time and infrastructures in place to support them through the process.
	Perceived long term contractual obligations (such as contract meetings and extensive reporting requirements)
Commissioner' Feedback	
Benefits	Disadvantages
A thorough and strategic approach to commissioning	The competitive nature of the process may deter well-suited smaller organisations from bidding for larger contracts
The ability to effectively quality assure providers	Requires a substantial amount of commissioner and procurement input to manage the process
A competitive approach to securing the most suitable provider to deliver specified services	



## Grant Based Funding Methods

Voluntary Sector Feedback	
Benefits	Disadvantages
The grant process is generally easier for VCS organisations to access (and in some cases the quality assurance standards are easier to navigate – though increasingly this is not always the case for quality assurance purposes)	Grant fund typically provides short term funding for smaller amounts of money compared to the typical procurement method (though some grant programs do provide more sustainability of funding)
The grant process typically has lesser contractual requirements; though many commissioning bodies do still require a level of contractual obligation (and in some cases KPIs to be met).	VCS organisations, in particular smaller organisations, reported that they spend a considerable amount of time bidding for short term grants at a cost of not being able to dedicate more time to building and growing their organisation.
	Grant funding pots sometimes do not build into long term mental health community commissioning strategies.
Commissioning Feedback	
Benefits	Disadvantages
Grant based commissioning enables commissioning bodies to distribute monies to VCS organisations outside of the traditional procurement methods.	Some grant-based funds (though not all) may provide short term funding which may be challenging for smaller VCS organisations.
Grant based commissioning enables VCS organisations to be able to access government community funds for social based enterprises	

### 4.4 Recommendations

Both the traditional commissioning procurement model and the grant-based models have their seat in the world of commissioning. However, there are clear benefits and disadvantages to both models.

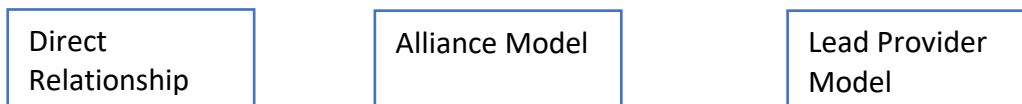
Many VCS Organisations suggest a hybrid procurement model that has the ease of application with the benefits of sustainability. An overview of recommendations is outlined below:

- **Commissioning Bodies:** Providing smaller and smaller organisations the support to learn, navigate and understand traditional procurement methods, including post-award expectations such as reporting and quality assurance requirements
- **Commissioning Bodies:** Considering more longer funding terms for grant-based funding; this may be anywhere from 2-5 years. Grant contracts less than 2 years can

be challenging for smaller organisations who are still on the journey to improving and implementing a growing infrastructure, building an organisation and ensuring a level of financial sustainability

- **Commissioning Bodies:** Ring-fencing, where possible, funding using the traditional procurement methods to provide VCS organisations the chance to successfully apply for contracts and navigate the world of commissioning through their learning experiences
- **Hackney CVS:** Hackney Giving (HCVS) is a suitable model for disseminating grants (though there is sometimes a concern over the longevity of funding).

## 4 The Review of Contracting Models for Commissioning the Voluntary Sector in City and Hackney: Alliance Models, Direct Contractor to Provider Models and Sub-Contracting Models



### 5.1 Overview

The consultation exercise sought to explore whether there was any preferential contractual model for commissioning VCS organisations. A variety of models (currently existing in City and Hackney) were explored including Direct Commissioner to Provider model, Sub-contracting/Lead Provider models and Alliance models.

For the purpose of this paper the 3 different types of contracting models are described in brief below.

**Table: Different Commissioning Models**

Commissioning Model	Overview
<b>Direct provider to commissioner model</b>	This model is the most simplistic of contracting models. The commissioning body directly contracts with a local or national provider. An agreement (contract) is usually made between the two parties and a set of obligations are laid out.
<b>Prime provider or sub-contract model</b>	In this contracting model the commissioning body contracts with a single organisation who then sub-contracts individual providers to deliver care. The commissioner holds the lead provider to account who in-turn holds the secondary provider(s) to account.
<b>Alliance Model</b>	The alliance model is a contractual model that has emerged over the last 6-10 years. In the alliance contract model a set of providers enter into a single arrangement with a commissioning body. Both commissioners and providers take responsibility in sharing risk and for the successful delivery of services against agreed outcomes. Members collectively govern the alliance through a leadership board within a clear governance framework.

<b>Spot Purchase and Personal Budgets</b>	Spot purchasing and personal budgets are another mode for commissioning the voluntary sector. Both of these alternative mechanisms enable commissioners and service users to have the ability to identify where public money is best spent for individual cases (this, however, will not be the focus of this paper).
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## 5.2 The City and Hackney Picture

City and Hackney commissions its local mental health and emotional wellbeing pathways typically through direct commissioner to provider contracts (usually through block contracts) and alliance models. There are also instances of lead provider contract models. There are also occasions where a commissioning body contracts directly with HCVS who subsequently disseminate funding and oversee contractual obligations with recipient organisations. An overview of the main contracting models between commissioning bodies and VCS Organisations are outlined below.

<b>Different Commissioning Models in Hackney</b>	<b>Overview</b>
<b>The CAMHS Alliance Model</b>	<p>The CAMHS alliance model is commissioned by CH CCG and is part funded by the Local Authority. The alliance has a number of providers within the CAMHS alliance framework with a focus on a range of services within tier 2 (getting help) and tier 3 (getting more help).</p> <p>The alliance hosts both large providers (such as ELFT and Homerton), medium sized providers/ voluntary sector such as Family Action and smaller voluntary sector organisations such as Father2Father, Derman and African Community Schools. The lead provider/financial lead is Family Action.</p>
<b>The Psychological Therapies and Wellbeing Alliance (PTWA)</b>	<p>The Psychological Therapies and Wellbeing Alliance (PTWA) is a body of providers, commissioned by CH CCG and partly funded by the Local Authority, who interface with the CH adult mental health pathways spanning primary and secondary care.</p> <p>Providers who sit within this alliance include large providers such as ELFT &amp; HUH, as well as voluntary sector organisations &amp; Community Interest Companies. The fundholder position, held by Mind and ELFT, provides the chair function.</p>
<b>The Wellbeing Network</b>	This network, commissioned by Public Health, is led by MIND as the Lead Provider. The network commissions a number of voluntary sector organisations such as Shoreditch Trust, Vietnamese MH services, Core Arts, Centre for Better Health, mind CHWF, Immediate Theatre, Find a Balance, Derman and Bikur Cholim
<b>HCVS: Hackney Giving/Other</b>	<p>There are also a number of examples whereby CH CCG, LA or/and public Health have provided funding to HCVS who further sub-contracted services to a range of voluntary sector organisations.</p> <p>Examples, of this sub-contractual arrangement, include the Growing Minds programme and Hackney Giving.</p>

### 5.3 Feedback from Commissioning Bodies

The consultation found that commissioning bodies typically preferred the alliance model of contracting, and direct commissioner to provider contracting. Many organisations, however, were open to other modes of contracting such as the Hackney Giving model which allowed quick dissemination of funds to VCS organisations in the midst of the COVID-19 pandemic, for example.

Alliance models were most referenced for the following reasons:

- Alliances provide a strong incentive to collaborate as many organisations can come together to share an overarching vision, such as the positive wellbeing of children, young people and adults in City and Hackney.
- The alliance model ensures that there is a limited dominance of a single provider within a pathway meaning both larger and small organisations have the ability to occupy a 'place' around the table
- There is more of an equilibrium between commissioners and providers; the alliance model moves away from a one-directional relationship between commissioner and providers to a multi-way relationship where direction of travel and outcomes are agreed as a collective.

### 5.4 Feedback from VCS Organisations

The majority of VCSs interviewed had a preference for direct commissioner and provider relationships, as well as, for the alliance commissioning model.

Many VCS organisations (though not all) were adverse to the sub-contractor models whereby a lead provider contracts services to a secondary provider. The reasons outlined include:

- Lead provider-sub-contractor models don't always allow for direct relationships between the secondary provider (contractor) and commissioner. This can lead down to breakdown in communication and difficulties in approaching commissioners directly when challenges arise
- In many lead-provider-sub contractor models the lead provider typically takes a percentage of the contract income to manage the contracting relationship. Many VCS Organisations disliked this arrangement as it meant that a portion of funding (usually 10-30%) is absorbed by the lead provider leaving less funding in the secondary provider budget.

VCS Organisations fed back the following regarding alliance models.

- Alliance models enable VCS organisations to sit around the table with larger providers whilst working to common goals and objectives such as with the CAMHS alliance and the PTWA.
- VCS organisations feel like they are in less isolation by being part of a provider-forum-playing field.
- However, some VCS Organisations noted that the financial arrangements within the alliance can lead to a small portion of funding being apportioned to support the lead provider (within the alliance) to fulfil alliance management and leadership duties.
- Some VCS Organisations preferred for HCVS to be a lead provider within a contractual model, whereas some VCS Organisations preferred contracts to sit within an already established alliance or have a direct relationship with the commissioner.

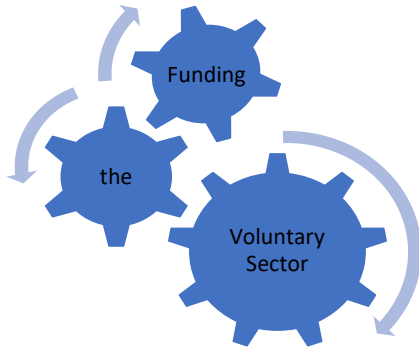
- Lastly, a small number of VCS' reported that the alliance model can be difficult to navigate for some smaller organisations as sometimes larger organisations may dominate such forums.

## 5.5 Conclusion

Alliance models are a favourable model amongst both commissioning bodies and VCS Organisations. Alliance models enable smaller voluntary sector organisations to successfully collaborate with larger providers and have a 'place at the table.' Some VCS Organisations highlighted concerns regarding a percentage of funding being absorbed by the lead provider in alliance model; however, there was recognition of the substantial contribution that lead providers undertake in supporting in the management of alliance contracts.

Hackney Giving (HCVS) should also be seen as a viable option for commissioning the voluntary sector whereby contracting processes are held by HCVS (similar to a sub-contracting model).

## 5 Commissioning Opportunities: Funding Suggestions



One of the main aims of this consultation exercise was to provide VCS organisations, who hold a unique position and can often see where system blockages or inefficiencies exist, the opportunity to provide feedback, based on their experience of working with the local community, to where some of the service gaps in CH EMW and MH pathways exist.

A number of VCS organisations from the VCS Leadership group contributed to the identification of service pathway gaps and inefficiencies; these gaps were identified on behalf of the local voluntary sector for each sub-category. VCS organisations furthermore provided recommendations for each of the core areas.

### Recommendations for Improving Emotional Wellbeing and Mental Health Pathways for Children, Young People and Families in the Local Community

#### *Identified Commissioning Suggestion no. 1: Supporting Children and Families: Crisis Support: Care Around the Child*

As outlined in the previous section of this paper; there are a number of different providers including NHS providers VCS organisations that interface with the CAMHS alliance to provide a range of services that support children and young people with MH and EMW difficulties.

VCSO organisations are typically commissioned to support children and young people at tier 2 level (getting help- Anna Freud or community-based services with a low mental health need) -. e.g., Derman, Off-Centre and F2F. Specialist services such as core CAMHS are generally led by providers such as ELFT and HUH.

Though there are a breadth of services commissioned both the CCG, LA and VCS Organisations were able to identify a small number of gaps within CH local CYP MH and EMW pathways.

#### *Enhanced Care Around the Child & Family for Additional Crisis Support*

<i>Enhanced Care Around the Child &amp; Family for Additional Crisis Support</i>	
Item	Overview

Identifier	CH CCG and African Community School (ACS)
Gap Overview	<p>CH CCG funds specialist CAMHS service and crisis support services to support children and young people at risk of admission and CYP who are stepping down from tier 4 (e.g., psychiatric unit services).</p> <p>The expansion of these services were in part a response to the government' green paper on the Five Year Forward View and Local Transformation plans to ensure seamless pathways for CYP in crisis or at risk of entering crisis's.</p> <p>Though clinical CAMHS services play a vital role in crisis pathway some VCS organisations, such as Father2Father (F2F) and African Community School (ACS) (through the Growing Minds/ GM project) expressed that they are increasingly asked by families to support young person and family to navigate through EMW and MH crises.</p> <p>These two organisations, for example, support families in out of hours (e.g., evenings and weekends), and provide advocacy and sometimes direct support, such as, attending hospital appointments with young people and their families.</p> <p>Parents who typically sought support were families from ethnically diverse backgrounds such as African-Caribbean backgrounds seeking a culturally sensitive service.</p> <p>CH CCG also recognised that this is a possible commissioning gap in commissioning and were keen to acknowledge how this gap could be filled by the voluntary sector</p>
Reach	30 young people per week.
Recommendation	<p>The commissioning of a mental health crisis support and advocacy service to support CYP at risk of admission or step-down from psychiatric care.</p> <p>The service would need to work in alliance with specialist CAMHS as part of the existing crisis and outreach offer.</p>
Proposed Cost	£90k – 3 WTE Staff (plus on-costs) to provide 30 support sessions per week.
Challenges	The identified provider would need to have a proven track-record in supporting children and young people in crisis, be adequately quality assured with excellent governance, reporting, collaborative working and risk/safeguarding processes and policies in place.
Recommended Commissioning Framework	CAMHS alliance
Why the Voluntary Sector?	Trust and In-reach into local communities; ability to work closely with families who may not have full trust in crisis support services; cultural sensitivities

*Identified Commissioning Suggestion no. 2: Children and Families: Supporting Young People to Transition from Primary to Secondary School*

<i>Supporting Children and Families to Transition from Primary to Secondary School</i>	
Item	Overview
Identifier	Father2Father
Gap Overview	<p>Transitioning between schools; from primary to secondary school can be an overwhelming event for some young people. Young people with adverse childhood experience may also be more susceptible to dealing with difficult transitions; both emotional and behavioural (Supporting Children’ Transitions to Secondary School, Anna Freud, 2021).</p> <p>CH CCG currently funds a Transitions’ service, though this service primarily works with young people transitioning from CAMHS services into adulthood (16+).</p> <p>F2F, a contributor to the consultation, outlined that they are receiving a considerable number of requests from parents, families and schools to support young people through the transition process from primary to secondary school. A primary to secondary schools’ transition’ service can act as a preventative and early intervention measure for CYP at risk of falling through the gaps and experiencing emotional, mental health and behavioural challenges.</p> <p>A transitions service would need to be culturally sensitive and focus on a number of topics such as self-identity, connecting, exploring thoughts and Feelings, the process of transitions, building friendships and relationships, empowerment to learn (Anna Freud, 2021).</p>
Reach	15 support sessions per week
Recommendation	The commissioning of a VCS organisation to provide in-reach transitioning support to CYP from primary to secondary school. The organisation could work alongside WAMHS in CH to work with identified CYP who need additional support through the process of transitioning.
Proposed Cost	£45k for 1.5WTE staff for 15 support sessions per week.
Challenges	None outlined.
Recommended Commissioning Framework	CAMHS alliance and WAMHS.
Why the voluntary sector?	In-reach into the local community; historically cultivated relationship with schools; cultural sensitivities.



## Recommendations for Improving Emotional Wellbeing and Mental Health Pathways for People with Youth in the Local Community

### *Identified Commissioning Suggestion no. 3: Youth Services: Enhanced Clinical Psychology Supervision for Staff and Volunteers*

This section is identified as separate to the Children and Young People component of this paper. The gap(s) outlined are in reference to youth services that are typically funded via the Local Authority and CCG and are universal service support (i.e., tier 2) to youth in the local community.

There are a number of organisations that provide support to youths in City and Hackney including Hackney Quest and Immediate Theatre.

Though seen as universal/tier 1 services these organisations are at the forefront of providing preventative and early intervention support through a number of methods from youth centres, activities, hobbies, 1-1 liaison and mentoring.

Currently Hackney Quest and Immediate Theatre see on average 150-250 of CYP a year. In the face of the Covid-19 pandemic there has been an increase in the need for youth services, as well as, in severity of presentation. The Youth VCSO leaders have outlined one of the primary gaps in service and pathway development below.

#### *Enhanced Clinical Psychology Supervision for Staff and Volunteers*

Item	Overview
Identifier of Gap	Hackney Quest and Immediate Theatre
Gap Overview	<p>Youth services have seen an increase in no. of young people accessing youth services in CH over the last 5 years. The Covid-19 pandemic further impacted the increased demand for youth services with many young people experiencing a range of emotional wellbeing challenges.</p> <p>Hackney Quest and Immediate Theatre continue to work with staff and volunteers who support young people with general activities to direct support for more complex cases.</p> <p>Both providers see a need for an increase in Clinical Supervision support:</p> <ul style="list-style-type: none"> <li>- 1:1 direct support to children and young people with the highest need (for early intervention purposes)</li> <li>- The provision of group and reflective practise sessions for staff and volunteers</li> <li>- To support youth workers to respond to the increase in demand and engage in an effective interface or/and link with specialist CAMHS service to support the provision of seamless pathways</li> </ul>

Recommendation	The commissioning of either:  a) Clinical Supervisor posts to support youth organisations in the provision of direct 1:1 support and clinical supervision  Or  b) The co-location of clinical supervisors who work with specialist CAMHS with outreach into local community centres
Proposed Cost and Reach	1.5WTE of a Clinical Psychologist (embedded within CAMHS or separate from CAMHS) providing 15 blocks of sessions per week – which can be a mixture of group clinical supervision/reflective practise, 1:1 supervision and 1:1 clinical time. Cost: £82k.
Challenges	No challenges identified; however, clinical supervision support could also expand to other VCS Organisations.
Recommended Commissioning Framework	CAMHS Alliance or the Wellbeing Network
Why the voluntary sector?	The voluntary sector has seen an increase in demand and complexities within the last two years; additional clinical support is required to support youth services to respond to need.

### Recommendations for Improving Emotional Wellbeing and Mental Health Pathways for Refugees and Migrants

City and Hackney have a range of organisations that provide support to migrants and refugees such as Beersheba Living Well, CAN and the Hackney Cypriot Association.

However, the majority of these organisations are seeing an increase in the need for emotional wellbeing support for this group against the backdrop of language differences/sensitivities, traumatic experiences, the Covid-19 pandemic and mental health stigma.

Statistics from mentalhealth.org.uk and research from the Hackney Refugee and Migrant Forum (HRMF) display that:

- Asylum seekers are more likely to experience poor mental health than the local population including higher rates of depression
- Increased vulnerability to mental health problems are linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as family separation from family, difficulties with asylum procedures and poor housing).

The refugee and migrant VCS representatives Interlink, and Hackney Cypriot Association expressed that the current funding for refugee and migrant support in CH is limited, and more dedicated funding is required to support this group of individuals.

### Identified Commissioning Suggestion no. 4: Refugee and Migrant Communities: Increased Funding to Support the Migrant and Refugee Population

<i>Increased Funding to Support the Migrant and Refugee Population</i>	
Item	Overview
Identifier of Gap	Interlink Refugee and Migrant Network, Hackney Migrant and Refugee Forum
Gap Overview	The refugee and migrant sub-group expressed that ‘that talking therapies and mental health services in Hackney play a vital role in supporting the local community, however, stigma, long waiting times, language barriers and cultural sensitivities increasingly act as a barrier to seeking support from clinical NHS services.
Recommendation	<p>The refugee and migrant VCSO sub-group recommended the following:</p> <ul style="list-style-type: none"> <li>a) A single hub that refugees and migrants can access for emotional wellbeing and mental health support. The hub would be a physical location with services provided by a range of VCS Organisations who already work with migrants and refugees. The hub will work with a range of ethnically diverse backgrounds and be an inclusive environment for an assortment of interventions and activities. The hub would furthermore interface with the local IAPT services as and where required.</li> <li>b) Increased funding to individual refugee and migrant support groups to meet the demand in services. The funding would be used to expand the local offer for each support group with an aim at supporting individuals to integrate into the local community and access culturally sensitive support in a timely manner.</li> </ul>
Proposed Cost and Reach	<p>Increased funding to refugee and migrant organisations: £120k (including oncosts) for the equivalent of 4 WTE. Reach of an additional 40 families/individuals per week.</p> <p>A single hub, however, may be in the region of £150k+ to cover location and VCSO costs. Implementation costs would also be required.</p>
Challenges	<p>There are a number of different VCS organisations who support refugees from a range of cultural backgrounds. A such, it would be fundamental that there is an equilibrium spread of resource across providers whilst also examining the possibility of creating a centralised hub.</p> <p>A hub model may be challenging to implement due to the range of ethnically diverse groups that the hub would be required to cater to.</p>
Recommended Commissioning Framework	The representatives of this sub-group had a preference for funding to be received directly to individual organisations or alternatively routed through Hackney CVS through the HCVS HRMF.
Why the voluntary sector?	In-reach into the local community; cultural sensitivities

## Recommendations for Improving Emotional Wellbeing and Mental Health Pathways for People with Disabilities and Long-Term Conditions

### *Identified Commissioning Suggestion 5: Disabilities and Long-Term Conditions: Increasing Funding for Holistic and Advocacy Support/Key Providers*

The CCG and Local Authority currently commission a range of services through VCS Organisations for individuals who are affected by disabilities and long-term conditions. For example, Volunteer Centre Hackney are commissioned to provide a service called ‘Step-Up’ and a volunteer programme based at GP surgeries called ‘Together Better’ both of which are funded by the CH CCG. Furthermore, the Local Authority provides a small grant to deliver a volunteering brokerage service through Community Partnerships, as well as Community Connector programs to support people with serious mental health conditions to engage in community Activities.

<i>Disabilities and Long-Term Conditions</i>	
Item	Overview
Identifier of Gap	Choice in Hackney
Gap Overview	<p>Voluntary sector organisations such as Choice Hackney have described experiencing a decrease in funding, over the years. This has impacted their capability to increase capacity to support the emotional wellbeing and mental health of Hackney residents who may have a disability or long-term condition. Covid-19 furthermore has heightened a health inequalities divide for this cohort of individuals.</p> <p>The key challenges that the voluntary sector describe as facing include:</p> <ul style="list-style-type: none"> <li>- A lack of effective consultation at the strategic commissioning level</li> <li>- A rise in hate crime during the pandemic</li> <li>- A lack of intersectional objectivity; individuals with a disability are more than their disability</li> <li>- A decrease in advocacy and holistic support for individuals with a disability or long-term condition</li> <li>- Long waiting list for access to talking therapies such as IAPT.</li> <li>- A digital divide whereby members of the local community find it difficult to access mobile phones and digital support</li> <li>-</li> </ul>
Recommendation	<p>A. Commissioning bodies to work more closely with voluntary sector groups, including a seat at strategic meetings and adaptations to access to strategic meetings (e.g., for individuals who are visually or hearing impaired)</p> <p>B. Increased funding to the voluntary sector to increase holistic support and advocacy for individuals with disabilities or/and long-term conditions</p>
Proposed Cost and Reach	Increased funding to organisations that support individuals with learning disabilities and long-term conditions: £90k (including oncosts) for 3WTE. Additional reach of 30 adults per week.

Challenges	Ensuring an equilibrium of funding across the variety of support groups/organisations. Ensuring in-reach into the local communities.
Recommended Commissioning Framework	Psychological Therapies and Wellbeing Alliance or the Wellbeing Network
Why the voluntary sector?	Voluntary sector organisations are able to provide flexible, holistic and low-level support (including group work) with positive outcomes.

## Adult Mental Health and Older People

### *Identified Commissioning Suggestion 7: Adult Mental Health; Increase Volunteer Capacity for Befriending and Outreach Support*

CH CCG commission a range of voluntary sector organisations to provide mental health support to the local adult community. Outside of the core IAPT offer, for example, Mind, Derman and Bikur Cholim all provide an IAPT service for specific cultural groups such as the African Heritage, Turkish community and Jewish community. SWIM provide additional support through an IAPT outreach pilot service.

Core Arts and Core Sports also provide a fundamental service offer to individuals with a Serious Mental Health Illness (SMI). In addition, The Advocacy Project provide a Personal Health Budget and Service User Involvement provision. As some people with mental health issues may be affected by challenges with employment local commissioning bodies also commission The Shaw Trust and Hackney Volunteer Centre to provide person-centred employment support.

Furthermore, Alzheimer' Society, St. Joseph' Hospice and Hackney Caribbean Elderly Organisation all contribute to the local dementia offer.

### *Adult Mental Health; Increase Volunteer Capacity for Befriending and Outreach Support*

Item	Overview
Identifier of Gap	SWIM; Volunteer Centre Hackney, City Healthwatch
Gap Overview	<p>Organisations such as Volunteer Centre Hackney provide a number of different projects such as Step-Up (funded by the CCG), Together Better (based at Hackney surgeries and funded by the CCG), a volunteer brokerage service (funded through the Local Authority) and a Community Connector project \ (funded by CCG and led by Mind).</p> <p>Despite this there are still a number of challenges such as:</p> <ul style="list-style-type: none"> <li>Continued isolation for some adults and older people against the backdrop of the covid-19 pandemic</li> <li>Reduced care provision from statutory sector and reduced voluntary and community sector activities</li> <li>Long waiting list for therapies for individuals who are not suitable for Talk Changes (IAPT) and the therapies provided is usually group therapy</li> </ul> <p>To try and mitigate these issues Volunteer Centre Hackney provide a befriending service:</p>

	<ul style="list-style-type: none"> <li>The service has a constant flow of referrals from clinical and community professionals; since April 2021 the service has matched over 250 volunteers to people of all ages, backgrounds and conditions</li> <li>The service supports with reducing isolation and providing emotional wellbeing support</li> </ul> <p>This service, however, does not receive any funding from the CCG and has reached its capacity.</p>
Recommendation	<ul style="list-style-type: none"> <li>A. Increase funding to employ additional staff to support volunteer recruitment</li> <li>B. Partner with other community organisations across the borough who may be interested in hosting a befriending service for their service users and residents, to train up their volunteers, and to support them to set up and sustain a new programme.</li> <li>C. Clinical support for trained staff and volunteers - already commissioned.</li> <li>D. Increase group activities</li> <li>E. Expand current befriending programme to include support for people with dementia, neurological conditions and carers.</li> </ul>
Proposed Cost and Reach	£90k – 3WTE staff member/ 1WTE administrator- funding to increase administrative and management support to increase volunteer capacity for the befriending service and provide additional capacity to services aiming to reduce isolation amongst older people. Additional reach of 30 people per week.
Challenges	No challenges highlighted
Recommended Commissioning Framework	Psychological Therapies Wellbeing Alliance or Wellbeing Network
Why the voluntary sector?	<p>In-reach from VCS Organisations and trust within the local community. VCS Organisations are good at working with hidden needs and providing holistic support (including volunteer input).</p> <p>There is a befriending support service led by Volunteer Centre Hackney, however, this is not currently funded by a local commissioning body. The provider has expressed that there has been an increase in demand which the organisations has had to meet using private funding streams.</p>

*Identified Commissioning Suggestion No. 8: Adult Mental Health; Coaching and Mentoring Programme*

<i>Coaching and Mentoring Programme</i>	
<b>Item</b>	<b>Overview</b>
Identifier of Gap	SWIM, CH CCG
Gap Overview	Much focus around mental health is around prevention, early intervention, mental health support and crisis management. It is also important to provide positive mentoring and coaching opportunities for individuals who may want to access general support regarding general

	mindset activities, engagement with similar people, share experiences and develop skills that can support them through adulthood. This support would be ideally for individuals who may not identify with a mental health issue but are seeking general emotional wellbeing insight and support.
Recommendation	<p>The provision of low-level emotional wellbeing support to men, as well as specifically women who may benefit of mentorship or coaching linked to the Five to Thrive Model.</p> <p>Generic provision plus provision specific to cultural groups would be beneficial as a universal offer.</p> <p>A blended mentoring and coaching offer could be provided by individuals with positive life, career and relationship experience.</p> <p>Group sessions may also be beneficial as a forum for individuals to learn from each other. This offer would primarily be for individuals who are in employment, entering employment and would like to seek the long-term benefits of mentoring and coaching.</p>
Proposed Cost and Reach	£60k mentoring and coaching programme. Additional reach of 20 individuals per week.
Challenges	No challenges highlighted
Recommended Commissioning Framework	To be considered; this offer may sit well with HCVS.
Why the voluntary sector?	In-reach into the local community, ability to provide support outside of generic clinical models, there are many leaders (known to VCS Organisations) who would be keen involved in a mentoring and coaching programme.

*Identified Commissioning Suggestion No. 9: Community Wellbeing Support for Individuals with Complex Trauma/PD/Severe and Enduring Mental Health Mental Health*

<i>Community Wellbeing Support for Individuals with Complex Trauma/PD/Severe and Enduring Mental Health Mental Health</i>	
<b>Item</b>	<b>Overview</b>
Identifier of Gap	CH CCG
Gap Overview	<p>CH CCG are keen to create an effective bridge between statutory services and VCISOs in order to enable a more effective wraparound provision for people with complex and enduring mental health problems.</p> <p>To support this approach the CCG aims to create blended neighbourhood mental health teams which include primary care, secondary care, social care and VCSE staff. Some of this is already</p>

	<p>happening through the neighbourhoods and ELFT's Transformation programmes.</p> <p>The CCG recognises that there are still some gaps around wellbeing interventions for people with a complex trauma/PD diagnosis. For example, there is an ELFT Service User Network group but no specific community wellbeing support.</p>
Recommendation	This recommendation is currently being devised by CH CCG in collaboration with the wider network. However, CH CCG recognise the vital and important role that VCS organisations can provide in providing support to individuals with complex needs in collaboration with clinical models and approaches.
Proposed Cost	To be further agreed.
Challenges	Will require mobilisation across a number of pathways, services, as well as, to encompass the neighbourhood programmes.
Recommended Commissioning Framework	Recommendations required
Why the voluntary sector?	VCS Organisations play a key role in meeting the needs of underserved and marginalised groups including individuals with long standing or/and complex mental health challenges.

### Improving Emotional Wellbeing and Mental Health Pathways for the LGBTQi+ Community

CH currently has an Improving Access to Psychological Therapies (IAPT) service for psychological support for worry, low mood, anxiety or depression. Rainbow Mind (offered by MIND Hackney) is part of the IAPT offer and provides therapeutic support provided by LGBTQi+ and BAME LGBTQi+ practitioners. Low intensity interventions typically include self-help or self-guided self-help, whereas the high intensity support may include approaches such as counselling and CBT.

#### *Identified Commissioning Suggestion No. 11: Provision of Gender and Sexual Diversity Training for Muslim and Middle Eastern Support Groups/ Increase in Local Support for Trans Individuals*

#### *Provision of Gender and Sexual Diversity Training for Muslim and Middle Eastern Support Groups/ Increase in Local Support for Trans Individuals*

Item	Overview
Identifier of Gap	Rainbow Mind

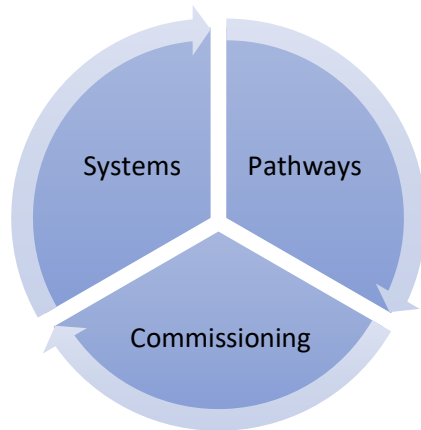


Gap Overview	<p>The LGBTQi+ sub-group identified three gaps in emotional wellbeing pathways for groups or individuals who identify as LGBTQi+.</p> <p>Though there is a range of emotional wellbeing support available' primarily through core IAPT services, Family Action and Rainbow mind, however, the range of training support to Muslim and middle Eastern groups is limited.</p> <p>Furthermore, it has been identified that there is limited niche support in the borough for individuals who identify as Transgender. Though individuals can access IAPT and Rainbow Mind further focus is required on providing inclusive and holistic support for people wishing to access emotional wellbeing support and/or support networks.</p>
Recommendation	<p>Increase in gender and sexual diversity training for Muslim support groups; and funding to middle Eastern support groups.</p> <p>Funding for the development of specialist emotional wellbeing support and input through individual holistic support, support by trained experts with experience and social based groups to promote healthy emotional health and inclusion.</p>
Proposed Cost	<p>£20k training budget for gender and sexual diversity training; this training could be 'brought in,' however it would be ideal to for training to be in-house to provide training and support to Muslim and Middle Eastern people who identify as LGBTQi+.</p> <p>£60k to fund a minimum of two support workers/mentors to provide specialised emotional wellbeing support, including support groups to individuals who identify as transgender. Additional reach of 20 individuals per week.</p>
Challenges	<p>Family Action already provide counselling support to individuals who identify as LGBTQi+. The CCG also commissions a YP IAPT provision, via Rainbow Mind.</p> <p>Further thinking required as to whether the mentioned gaps have been filled. Additional training provision to local support groups should ideally be an add-on onto existing provision.</p>
Recommended Commissioning Framework	<p>Psychological Wellbeing Alliance or/and Wellbeing Network</p>
Why the voluntary sector?	<p>Core IAPT and CAMHs services generally have a long waiting time whereas support may be more easily accessible through existing services.</p> <p>VCS Organisations can also provide training experiences that can be co-led by individuals with lived experiences.</p>

This document features 11 different funding suggestions pertaining to gaps in pathways highlighted primary by the VCSO leadership group on behalf of VCSO organisations across CH. HCVS in alliance with the VCSO leadership group aims to make a case to the Integrated Care System for funding to be released to plug commissioning gaps within local emotional wellbeing and mental health pathways in CH.

## 6 Navigation of Systems and Commissioning for Voluntary Sector Organisations

### 7.1



### 7.2 Recommendations for a Systems and Commissioning Navigation Framework/Role

Though there are wealth of excellent emotional wellbeing and mental health services in CH this paper highlighted a number of gaps in commissioning emotional wellbeing pathways, as well as a number of considerations regarding commissioning and funding processes for the voluntary sector.

Much careful thought needs to be undertaken on how to further effectively commission the voluntary sector; to draw upon their knowledge and expertise whilst acknowledging some of the common barriers that the voluntary sector face. It is vital and important for VCS organisations, including smaller organisations, to become embedded within the local CH EMW and MH strategies and pathways. CH have made great strides through commissioning VCS organisations through CYP and Adult MH alliance models, however, there is still a gap that needs to be bridged.

In consideration of the identified gaps and barriers to commissioning the voluntary sector it would be ideal to create a Systems and Commissioning Navigation Framework embedded within the local borough. The framework would support smaller and smaller organisations to a) feel further equipped to bid for funding b) further integrate and interface with commissioning bodies and larger providers and c) develop a greater understanding of commissioning frameworks and local pathways. The framework would also provide the assurances that commissioning bodies and NHS providers require to work closely with VCS organisations; particularly around quality and safety assurances, safeguarding, and general monitoring and contracting expectations.

This proposed jointly owned Systems and Commissioning Navigation framework would ideally be composed of the following two components:

- Systems and Pathway Navigation
- Commissioning Framework Navigation

An overview of what this may entail is explored in the latter part of this paper.

### 7.3 Systems and Pathway Navigation Component

The systems and pathway navigation component of this framework would support VCS Organisations (particularly smaller organisations) to gain an understanding of the current services, pathways and alliances that sit within City and Hackney.

The aim of the systems and pathway navigation framework would have a two tonged approach; a learning component, as well as, supporting the opportunity for VCS Organisations to proactively and confidently navigate pathways for the benefit of service users they support.

Key features of this framework include:

	Key Features
a.	Understanding roles and differences between the CAMHS Alliance, Psychological Therapies Wellbeing Alliance (PTWA) and the Wellbeing Network (WN).
b.	Understanding the difference between CAMHS tiered services/THRIVE model (Anna Freud) in CH
c.	Understanding the variety and variation of services between primary, secondary and tertiary adult mental health care and support
d.	Understanding criteria pertaining to contracted services and how to effectively refer between services where required
e.	The importance of undertaking onward referrals (where required) for a holistic approach to care and stepping up (when risk is high, or client no longer meets service criteria) or stepping down (when suitable to decrease likelihood of dependency on services)

In addition, it is recommended that commissioning bodies actively review membership MH and EMW alliances/boards or implement sub-groups to enable VCS Organisations to have access to membership rights.

### 7.4 Commissioning Navigation Component

The commissioning and pathway component would provide a framework to support VCS Organisations (particularly smaller and smaller organisations) to confidently navigate commissioning processes such as procurement and contractual processes.

The framework would be an interactive programme and modules that may sit under this framework include:

	Modules
a.	Understanding & navigating the commissioning procurement and tendering process including support to write practise bids and funding applications.
b.	Understanding quality assurance protocols and expectations including contract monitoring and safeguarding; including consultation opportunities to understand infrastructure and policies generally required by commissioners and funders.
c.	Understanding the importance of adequate data collection and reporting including outcome measures
d.	The implementation of governance processes and frameworks
e.	In addition, smaller VCSs would value the opportunity to be able to enter into training, consultation and networking opportunities with larger providers

## 7.5 Hosting of the Framework

The Systems Navigations Framework should ideally be a joint venture between the CCG, PH, Local Authority, HCVS and local voluntary sector groups.

The lead host for this framework could be HCVS or other external organisation with a proven track record of providing commissioning and navigation support within commissioning bodies and to VCS Organisations.

The framework could take the form of a mixture of seminars (jointly provided by commissioning bodies and HCVS) and a commissioning and pathways navigation role to support providers to interface and integrate across pathways, for example a set number of modules for certification.

## 7.6 Benefits

The long-term benefits of a systems and commissioning navigation framework include:

- Smaller and smaller organisations feel better equipped to navigate procurement and tendering processes
- Smaller and smaller organisations gain a better understanding of post-award contractual obligations from quality assurance to data processing and safeguarding
- Commissioning bodies feel more assured to provide contracts, including, longer term contracts to voluntary sector organisations
- Better joint working protocols between commissioning bodies, VCS Organisations and HCVS
- Better integration of systems and pathways across local emotional wellbeing and mental health pathways; for the benefit of service users who access services
- Greater understanding of local emotional wellbeing and mental health services across the landscape

### Other Considerations

Some VCS organisations also provided feedback that they are keen to see commissioning bodies undertake a flexible approach to data and reporting requirement, as well as to be mindful of mobilisation costs.

For example, the Growing Minds project, commissioned by Family Action (FA) and CH CCG provided the following reflections:

- Some organisations are not experienced with extensive data and outcome reporting requirements; also, sometimes service users may require time to build trust to provide client data to providers. In this circumstance, additional support was provided to the three VSO involved in this programme to focus on their consent and information governance processes as well as thinking of ways to provide assurance to service users (parents) that their data would be protected. In this example, HCVS, in collaboration with MB Consultancy, provided a data and quality assurance role to support VCS organisations and to provide assurances to FA and the CCG.
- Mobilisation costs: It is important that commissioning bodies consider the mobilisation cost of commissioning the voluntary sector. Many VCS organisations may not have the ability to tap into a pool of funding for set-up costs or staff for swift mobilisations (compared to some larger providers such as NHS providers). As such consideration is required on how the voluntary sector is funded to mitigate any issues, risks or concerns regarding mobilisation.

## 7.7 Section Conclusion

A Systems, Commissioning, Pathway Navigation framework jointly held by CCG, Public Health, HSCV and key providers could provide a fundamental opportunity for smaller and smaller organisations to feel better equipped to navigate commissioning processes, systems and pathways. The framework could also provide assurance to local commissioning bodies when agreeing and procuring services in the local area. The cost of this framework would need to be further established through conversations with HCVS, CCG, LA, PH and supporting VCS organisations.

## 7 Conclusion

This document advocates the fostering of partnerships between Voluntary and Community Sector (VCS) organisations on one hand, City and Hackney CCG, the Local Authority and Public Health, on the other in collaboration with HCVS – in order to meet the government agenda of continuing to improve the delivery of mental health and wellbeing in the local area.

The Hackney Community Strategy 2018-2028 examines the likely redesign of services within the council. This, in large part takes account of using community networks and assets, which the VCS organisations are at the forefront of. The VCS Strategy 2019-22 (Hackney Council) also highlights the need for a 'step change in the way we design and deliver public services and the way we work in partnership with the VCS, so that we are changing the way we work to meet needs rather than managing decline.'

The paper explores mechanisms for commissioning the voluntary sector, such as through traditional procurement methods versus grant-based funding, as well as, feedback from VCS organisations on contracting methods such as alliance models.

The paper further outlines suggested gaps in commissioning, as well as recommendations on how the voluntary sector can contribute to service provision in these key areas. Finally, consideration is provided for mechanisms to support VCS organisations to feel more assured to work alongside commissioning processes whilst also providing the assurances that commissioning bodies tend to require for larger and more sustainable contracts.

**Appendix:**

<b>Acronym</b>	<b>Meaning</b>
VCSOs	Voluntary Sector Communication Organisations
CH	City and Hackney
PH	Public Health
LA	Local Authority
CCG	Clinical Commissioning Group
EMW	Emotional Wellbeing
MH	Mental Health
CYP	Children & Young People
CAMHS	Children & Adolescent Mental Health Services
HCVS	Hackney Council for Voluntary Services
HUH	Homerton University Hospital
ELFT	East London Foundation Trust
WAMHS	Wellbeing and Mental Health in Schools
IAPT	Improving Access to Psychological Therapies
PTWA	Psychological Therapies and Wellbeing Alliance
SWIM	Support When It Matters
BPCF	Black Parent Community Forum
ACS	African Community School
CAN	?
SMI	Serious Mental Health Illness
BAME	Black, Asian and Minority Ethnic
LGBTQi+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
WN	Wellbeing Network
Mind CHWF	Mind in the City, Hackney and Waltham Forest
F2F	Father 2 Father
GM	Growing Minds
HRMF	Hackney Refugee and Migrant Forum