LONDON BOROUGH OF CAMDEN	**WARDS:** All

REPORT TITLE
Procurement Strategy for Mental Health community-based early intervention and prevention support services (Reach Out Camden) (AH/2026/12)

REPORT OF
Cabinet Member for Health, Wellbeing and Adult Social Care

FOR SUBMISSION TO	**DATE**
Cabinet	6th July 2026

STRATEGIC CONTEXT

We Make Camden is our joint vision for the borough, developed in partnership with our community. The proposed strategy supports We Make Camden by delivering vital preventative, community-based mental health support that addresses the wider causes of poor mental wellbeing, including loneliness, distress, housing and social care issues and economic exclusion.

The strategy particularly supports the Camden Mission on Estates and Neighbourhoods and will be an important part of the approach to intervening earlier within communities, in partnership with the wider voluntary and community sector, NHS and Council services.

SUMMARY OF REPORT

This report seeks approval for the commissioning strategy for Reach Out Camden, Camden's community-based mental health prevention and early intervention offer. Officers recommend commissioning a partnership-based 'alliance' contract, based on engagement findings, Camden's emerging neighbourhood approach and the importance of good mental health and wellbeing to delivering We Make Camden.

Reach Out Camden is a longstanding partnership of four Voluntary and Community Sector (VCS) organisations who are deeply rooted in Camden's communities and the health and social care system. The model provides timely, flexible, relationship-based support for adults who are struggling with their mental health and whose needs may escalate to crisis and/or requiring statutory interventions. It is jointly funded by London Borough of Camden and West North London Integrated Care Board.

The current contract started on 1 April 2025 and is due to expire on 31 March 2027, with no provision to extend. This report is being submitted to Cabinet for approval as Contract Standing Orders requires this for contracts with an estimated value of over £5 million.

Local Government Act 1972 – Access to Information
No documents that require listing were used in the preparation of this report.

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RECOMMENDATIONS

Having considered the results of the engagement set out in section 5 of this report and the results of the Equality Impact Assessment at Appendix 1, and having due regard to the obligations set out in section 149 of the Equality Act 2010 – Cabinet is recommended:

1. to approve the Procurement Strategy for Mental Health community-based early intervention and prevention support services for a period of 60 months (from 1 April 2027 and to March 2032) for an estimated total contract value **of approximately £5,500,000 (exc VAT).**

2. to delegate authority to the Executive Director Adults and Health, following consultation with the Cabinet Member for Health, Wellbeing and Adult Social Care, to award the contract and during its term to make any variations or modifications to the contract that may result from a change in funding streams.

Signed: 

Jess McGregor

Date: 22.6.26

1. CONTEXT AND BACKGROUND

1.1. This report sets out the commissioning strategy for community-based early intervention and prevention mental health services (Reach Out Camden). Reach Out Camden provides accessible, Voluntary and Community Sector (VCS) led support for Camden residents before they reach crisis or require more intensive services, such as NHS Secondary Care[1], or Adult Social Care.

1.2. The services are currently delivered through an alliance contract of VCS providers (Likewise, Mind in Camden, Voiceability and The Advocacy Project). The alliance model was introduced in April 2022 to promote collaboration, reduce fragmentation across services, and provide easier access for residents seeking community-based mental health support. Please see Appendix 1 for more detail on alliance contract models, their governance and benefits.

1.3. Reach Out Camden (ROC) provides a single point of entry for services, including navigation support to identify the right offer for residents based on the diverse opportunities within the alliance. This includes one-to-one and peer support, group activities, building-based and community-based support. The alliance also supports the involvement of people with lived experience of mental ill health in strategic decision making and delivers community development work with groups of residents that typically face higher levels of exclusion from Camden's health and social care system.

1.4. Following extensive stakeholder and resident engagement, and building on the existing evidence base, officers are proposing a strategy that will:

- Support residents to receive timely, flexible, relational support the moment they begin to feel they need help
- Ensure support is holistic, and rooted in Camden's diverse communities
- Coordinate the system around residents, reducing 'hand-offs' and confusion, and allowing residents to thrive in their communities

1.5. Camden has a high level of mental health need, a challenge that is visible across public services from General Practice waiting rooms to adult social care services, housing estates and community centres. This need is evidenced in Camden's 2025 Adult Mental Health Needs Assessment[2], which establishes a clear case for a prevention and early intervention offer in the VCS, including:

- In Camden, over 28,000 adults have diagnoses of depression and anxiety and over 3,000 live with serious mental illness, both of which is higher than London averages.
- As statutory services, especially the NHS, struggle to meet needs in a timely way, approximately a third of people will see their health decline whilst they wait for help.
- There are significant inequalities in mental health, which is seen both nationally and in Camden. Targeted interventions are required to address this, for example with residents from Global Majority ethnicities, autistic

[1] https://www.mind.org.uk/information-support/legal-rights/health-and-social-care-rights/about-healthcare/#WhatArePrimarySecondaryAndTertiaryCare

[2] Adult Mental Health Needs Assessment: https://jsna.camden.gov.uk/reports/adult-mental-health/Adult-Mental-Health-HNA-202512.pdf

adults and people experiencing additional disadvantages such as homelessness.

- People frequently seek non-clinical, community-based support to improve their mental health and wellbeing and it is proven to deliver positive outcomes whilst reducing demand for statutory services.

1.6. The outcomes ROC achieves supports the work of all public services, especially in health, social care and the Council's role as a social landlord. In recognition of this, the offer is jointly funded by the Council (Adult Social Care and Public Health) and NHS West and North London Integrated Care Board (ICB). The contributions, per annum, for the proposed strategy are as follows:

Contract funding sources	**Per annum value**
West and North London ICB (via a Section 75 between NHS and LA)	£547,000
London Borough of Camden (ASC, Public Health)	£538,888
Total per annum value	**£1,085,888**

1.7. The current contract has been in place since 1 April 2025 and is due to expire on 31st March 2027 with no provision to extend. Following extensive engagement with residents, including people with living experience of the services, and other key stakeholders, a strategy to recommission the contract is proposed. The duration would be 60 months from 1 April 2027 through to 31 March 2032 for a total contract value of £5,429,440, excluding VAT.

2. PROPOSAL AND REASONS

2.1. The report proposes that the Council recommission Reach Out Camden as a five-year alliance contract, procured through a Most Suitable Provider (MSP) approach. The MSP process allows commissioners to identify the provider they consider the most suitable to deliver the service without running a full competitive tender, where the Provider Selection Regime (PSR) requirements are met. In this case, the approach reflects the specialist nature of the service, the importance of trusted community relationships, and the need to maintain continuity for residents.

2.2. The proposal is being made because the current Reach Out Camden contract will end on 31 March 2027 and there is no option to extend. Officers reviewed the current model and engaged extensively with residents, providers and system partners, alongside an Equality Impact Assessment, to inform the future approach.

2.3. The review found that Reach Out Camden is a valued and effective part of Camden’s mental health support offer: residents, providers and system partners consistently described it as a trusted, non-clinical offer that helped reduce isolation, improve wellbeing and provide earlier support before needs escalated. The alliance expanded access, with around 40% more people seen and sessions delivered in 2025/26 than the previous year, which included over 1,000 referrals for support and over 6,000 group session attendances.

2.4. The review also appraised the alliance contract model and found that the approach to equal partnership had reduced competition and increased trust between the VCS organisations involved, alongside the Council and NHS. This included a values-led approach and a strong commitment to coproduction, where people with experience of mental ill health and drawing on services were embedded within leadership and management decision making processes. Tangible progress was made as a result of this, including delivering a single point of access for services, including one referral form, a single website and branding, and a shared alliance manager.

2.5. There was also clear learning to improve the alliance offer, particularly the visibility of services in key places, opportunities to strengthen links with some statutory services, and providing more culturally responsive and autism affirmative support. The new model will reach more people overall, especially people and communities who face barriers to accessing support or are known to have poorer experience or outcomes from services. See Appendix 2 for more information on the Reach Out Camden approach to supporting residents.

2.6. The proposed strategy to recommission Reach Out Camden aligns with the Council's approach to prevention, relational support and equity, as set out in *We Make Camden.* This includes strengthening early intervention, tackling health inequalities and contributing to more joined-up neighbourhood services across health, social care, housing and the voluntary and community sector.

2.7. The recommissioned model will work closely with neighbourhood teams, social prescribing, advice services and other voluntary and community sector partners. By formalising pathways, strengthening partnership working and embedding the service within neighbourhood and place based structures, Reach Out Camden will support a more integrated, joined up system around residents. This will reduce duplication, improve consistency of support, and ensure people are helped by the right service at the right time.

2.8. There is significant opportunity in VCS-led offers working more closely with statutory services as part of the neighbourhood agenda. Reach Out Camden will act as an important bridge between statutory Integrated Neighbourhood Teams and the wider community, alongside other key services such as social prescribers. This will allow both borough-wide coordination and more effective local delivery within neighbourhoods.

3. OPTIONS APPRAISAL

3.1. Officers consider this contract to be classified as a mixed 'Health Service' under the Provider Selection Regime (PSR). Following a review of the available processes under the PSR, Officers considered the following options:

Options	Recommended option (x)
Option 1 – Commission as an alliance via the Most Suitable Provider Process	**X**
Option 2 – Commission via the Competitive Process	

Option 3 – Commission via Direct Award Processes A, B or C	
Option 4 – Insource provision to be delivered by the Council	
Option 5 – Do nothing (allow the contract to end from 31st March 2027)	

3.2. Officers consider the Most Suitable Provider (MSP) process to be the most appropriate. Through the commissioning review, officers confirmed that the PSR requirements are met and identified a clear, evidence-based justification to support the use of this process, and to demonstrate that the proposed provider is the most suitable to deliver the required service and outcomes.

3.3. The success of the current model is based on local VCS providers with significant mental health expertise, and who are well embedded in their communities and have built mature, aligned relationships with the NHS, the Council and other partners. The current alliance operates with shared approaches to delivery, priorities and ways of working that requires significant time and investment to develop. At present, no alternative providers in the market demonstrate this combination of mental health expertise, deep community presence, advanced working relationships and mature partnership, all of which has been central to the effectiveness of the current model.

3.4. The proposed procurement approach has been designed to support local and small voluntary and community sector (VCSE) organisations, recognising the structure of the local mental health market and the importance of sustaining trusted community-based provision. The alliance model enables multiple independent VCS organisations to deliver and shape the service collectively within a single contract, avoiding the administrative and financial barriers that often arise from competitive tendering for fragmented lots. This approach preserves local expertise, reduces duplication, and supports long-term sustainability of smaller, specialist providers.

3.5. A fully competitive process risks destabilising existing provision and disadvantaging community-based VCS providers. The Direct Award routes A & B available under the Provider Selection Regime were also not considered suitable, and Direct Award C was not appropriate given the proposed new contract term is for a period of 60 months whereas this service has only been commissioning previously on a 24 month basis, and therefore would not meet the eligibility criteria for this process.

3.6. Insourcing the service would not achieve one of the core benefits of the model, which is the deep-rooted reach, trust and responsiveness that VCS organisations have. Residents and stakeholders repeatedly stressed the importance of this during officer engagement.

3.7. Decommissioning the service would remove a key access point for early mental health support at a time of rising demand, with growing pressure on response times and capacity across the system. Evidence shows that without early intervention, residents are more likely to present in crisis, including through A&E, GPs and community services. This will increase pressure on the NHS,

social care, housing and other services, with poorer outcomes for residents. It would disproportionately impact groups already facing inequalities in access to mental health support, including Global Majority communities, neurodivergent residents and people experiencing socioeconomic disadvantage.

3.8. The Intended Approach Notice for the Most Suitable Provider process will be published in Summer 2026. Providers will be asked to respond to service-specific scenarios, provide clear method statements, and explain their approach to equality, diversity and inclusion, including how people with lived experience will be involved. Providers will also need to demonstrate how their employment approach will meet the Council's workforce standards, including recruitment, retention and payment of the London Living Wage.

4. WHAT ARE THE KEY IMPACTS / RISKS? HOW WILL THEY BE ADDRESSED?

4.1 The key risks identified in the procurement are as follows:

Risk	Mitigation
Funding partners cannot sustain their investment in the long-term – due to NHS changes, the ICB contribution is not formally committed beyond the medium term, presenting a risk to service sustainability and scale during the contract term.	Funding risk will be explicitly addressed through contract clauses allowing for service variation in the event of funding changes. Commissioners will maintain ongoing dialogue with ICB partners to make shared financial plans as far as possible, and work across the system to robustly evidence the impact of prevention and early intervention services. The alliance model and open-book accounting support transparency and earlier identification of pressure and potential mitigation.
System complexity and duplication with wider mental health provision – other agencies who provide or fund community mental health services, such as North London NHS Foundation Trust, are making their own changes, which makes alignment challenging.	The recommissioned model will include a strengthened Alliance Manager role to provide system leadership, formalise pathways and embed ROC within neighbourhood and system structures. Clear expectations will be set in the service specification regarding partnership working, referral pathways and coordination with key partners. Alliance contracts are built for flexibility and responsiveness, allowing resources and activity to shift as required across partners. This will allow for in-contract changes as other organisations restructure their services.
Rising demand, capacity constraints and waiting times – demand for early mental health support continues to increase, placing increased strain on VCS resources and impacting the ability of the alliance to prevent poor health and wellbeing and intervene as	The alliance model enables flexible deployment of workforce, increased use of peer support and group-based provision, and a stronger focus on navigation and "whole system" responses rather than holding all support within ROC. Demand will be monitored regularly with commissioning oversight to prioritise and adapt delivery accordingly. Partnerships and embedding the model with emerging neighbourhood structures will seek to

early as possible.	safeguard the service's ability to respond quickly, by targeting those who most need the provision.

5. CONSULTATION/ENGAGEMENT

5.1. Officers have engaged extensively with over 130 people via surveys, workshops, drop-ins and visits across all relevant resident groups and stakeholders. This included:

- People using Reach Out Camden (1:1, groups, peer support)
- Residents not currently accessing services (for example, library drop-ins)
- Alliance staff, volunteers, leadership and Lived Experience Advisors
- System partners such as NLFT, Adult Social Care, Social Prescribing, Public Health, Camden Advice Network, Community Champions, Autism Hub, Somali Cultural Centre

5.2. The engagement showed that people valued services that felt safe, welcoming, and community based. People liked support that helped them feel less isolated, build relationships, and manage day-to-day challenges like housing, work, and wellbeing. Face-to-face, one-to-one, and peer support were seen as especially important. People also wanted flexible support that could last longer when needed, especially those with complex needs such as trauma, long-term mental health conditions, or social and financial pressures that fluctuate over time.

5.3. Residents also highlighted challenges, as some people did not know about the service or struggled to access support, for example due to barriers of language, culture or anxiety. People wanted to see more outreach and visibility, and to make it easier to move between services.

5.4. Equalities issues have been considered and will be vetted as part of the procurement process (see Appendix 1: Equality Impact Assessment). The evaluation will include a response to the standard selection question on demonstrating active awareness of equality, diversity and intersectional issues surrounding the activities of their service provision.

5.5. The Equality Impact Assessment (EQIA) identified gaps for neurodivergent residents, some ethnic and cultural groups, and people discouraged by clinical language or settings. In response, the new model will:

- Set clear data requirements across protected characteristics
- Use autism affirming and culturally responsive approaches, with open access for adults with emerging or mild mental health needs, especially those underserved or facing social and financial pressures
- Strengthen links with organisations supporting young people to improve referrals and reach those with high need but low current access
- Build more partnerships with specialist community organisations
- Deliver proactive, targeted outreach rather than relying only on self-referral
- Provide funding to support grassroots and smaller community groups

5.6. Positive impacts were identified across protected characteristics as part of the EQIA assessment, predominantly due to the opportunity of widening access to early, community-based support and reducing escalation into crisis.

6. LEGAL IMPLICATIONS

6.1. The Council must have due regard to the Public Sector Equality Duty under Section 149 of the Equality Act 2010. This means that they must have due regard to the need to eliminate discrimination, harassment, victimisation, harassment, victimisation or other prohibited conduct and advance equality of opportunity between persons who share a relevant protected characteristic and those that do not share it. A summary of the findings of the EQIA assessment are found in paragraphs 5.4 – 5.6 of the report.

6.2 The report outlines (in paragraphs 2.1 and 2.4) why the recommended approach under the Provider Selection Regime (PSR) is to classify this contract as a mixed 'Health Service' under that Regime. The Council is of the view that the Most Suitable Provider process is the most appropriate route. Taking into account the likely providers, the market and all other relevant information available, the Council can identify the most suitable provider. The legislation gives the Council flexibility in procuring this service based on the Council's market knowledge and stakeholder input. The options and considerations are outlined in paragraph 3

6.3 Under the Council's Contract Standing Orders (CSOs) the award of a contract over £5M is to be taken by the relevant Cabinet Member. By process of law, Cabinet is unable to delegate authority to a single Cabinet Member. The Leader can delegate authority to a single Cabinet Member or the Cabinet can agree to delegate authority to an officer, following consultation with the relevant Cabinet Member.

7. RESOURCE IMPLICATIONS

7.1. This report seeks approval for the recommissioning of Reach Out Camden (ROC) for a 60-month period, commencing on 1 April 2027 and ending on 31 March 2032. The projected annual expenditure is £1,085,888, resulting in a total contract value of £5,429,440 over the full term. Agreed uplift has been incorporated into the contract value.

7.2 There is sufficient funding for the contract, with contributions from the following sources:

- ICB: £547,000
- Public Health: £159,863
- ASC Commissioning: £329,025
- Section 106 Grant: £50,000

7.3 There are currently no proposed Medium-Term Financial Strategy (MTFS) savings associated with this contract. However, as proposals for a new MTFS are still under development and an organisational funding shortfall remains, further options may need to be considered.

8. ENVIRONMENTAL IMPLICATIONS

8.1. There are limited environmental impacts related to the recommissioning of the community-based early intervention and prevention support services. Officers will however encourage any supplier awarded the contract to consider the environmental impact of their service delivery, for example by incentivising local recruitment and promoting environmentally friendly travel within neighbourhood footprints. Residents drawing on support will be encouraged and supported to minimise their environmental impact through daily habits, such as recycling and reducing energy use. Providers will be asked to co-deliver community awareness and engagement around climate, local environment, and mental and physical health.

8.2 The Reach Out Camden (ROC) service is not expected to require the routine use of dedicated vehicles or the operation of provider-managed premises as a core component of delivery. As such, there is limited direct opportunity for the service to exert control over emissions associated with fleet usage or estate management. Where service providers do make use of vehicles during delivery (for example, for outreach or staff travel), they will be expected to comply with the Council's Camden Green Fleet Vehicle Standard to minimise environmental impact. Similarly, where any premises are utilised or controlled by providers, there will be an expectation that providers actively consider opportunities to: (a) reduce climate and local environmental health impacts, including air quality; (b) enhance climate resilience; and (c) improve indoor environmental quality for staff and service users.

9. TIMETABLE FOR IMPLEMENTATION

9.1 The following timetable is proposed to implement the commissioning strategy, subject to further revision:

Key milestones	Indicative Date (or range)
Procurement strategy report – Cabinet	Mid July 2026
Publication of an Intended Approach Notice	Late July 2026
Contract Award	November 2026
Contract signature / sealing	December 2026
Transition to the new arrangements (for both phases)	January 2027
Contract start date	April 2027

10. APPENDICES

10.1. Appendix 1: Alliance Model Summary
10.2. Appendix 2: ROC Offer & Wider System
10.3. Appendix 3: Equality Impact Assessment: ROC Recommission EqIA_Final.docx

REPORT ENDS