

## NORTH YORKSHIRE COUNTY COUNCIL

### SCRUTINY OF HEALTH COMMITTEE

15 October 2010

#### **Update on Transforming Community Services**

##### **Purpose of Report**

1. The purpose of this report is to provide a framework for Members to be updated on progress towards implementing Transforming Community Services, particularly with regard to:
  - a) services that will be transferred to the acute trusts from 1 April 2011; and
  - b) developing a specification for mental health services across the County.

##### **Introduction**

2. In January 2009 the Department of Health issued national guidance, "*Transforming Community Services: Enabling new patterns of service provision*" under which Primary Care Trusts (PCTs) are required to have determined the future organisational model for separating their provider and commissioning functions by October 2010.
3. Members will recall that the Committee considered this issue in detail at its meeting in July and was able to contribute to NHS NY&Y's plans at that time. This report is an opportunity for the Committee to be updated on progress.
4. A report on this matter considered by the Board of NHS NY&Y on 28 September 2010 is attached as Appendix 1.
5. Melanie Bradbury, Assistant Director, NHS NY&Y will be attending the meeting to brief Members and to respond to questions.

##### **Recommendations**

6. That Members offer comment and advice on progress towards transferring services to the acute trusts and on the priorities that need to be addressed in a specification for mental health services.

HUGH WILLIAMSON  
Head of Scrutiny and Corporate Performance  
County Hall, NORTHALLERTON

Written & Presented by Bryon Hunter  
Principal Scrutiny Officer – Health  
BH/04 October 2010

**Background Documents: None**

Item Number: 9

**NHS NORTH YORKSHIRE AND YORK  
BOARD MEETING**



*North Yorkshire and York*

**Meeting Date: 28 September 2010**

**Report's Sponsoring Director:**

Sue Metcalfe, Deputy Chief Executive  
(Director of Localities)

**Report Author:**

Annabel Johnson, Assistant Director  
Melanie Bradbury, Assistant Director  
Mark Algar, Project Manager

**1. Title of Paper: Transforming Community and Mental Health Services – Provider Form Project Update**

**2. Strategic Goals supported by this paper:**

Goal 4 - Clinically and financially sustainable healthcare system. The decision about provider form for Community and Mental Health Services (CMHS) will contribute to creating a sustainable healthcare system.

Goal 4 - Highest quality care in the right setting. In considering provider form we aim to provide high quality care in the appropriate setting.

Goal 6 - Strong partnerships focused on the individual. Through discussion about provider form for CMHS we aim to build stronger partnership arrangements to enable improved focussed on the individual.

**3. Executive Summary**

Following the publication of the operating framework in December 2009 PCTs were required to have determined the future organisational model for PCT provided services by October 2010 at the very latest. The Board has previously agreed that: CMHS will be hosted by NHS North Yorkshire and York until March 2011, that the model for PCT provided services will be determined by October 2010 and that a plan will be in place to enable implementation to commence post October 2010. This paper provides information to the Board in two parts:

Progress on the transfer and preferred provider status of community services  
Update on the tender of mental health services

Both strands of work are significant projects within the strategic initiative 'an improved community system'.

#### **4. Introduction**

See above

#### **5. Issue/options**

Not applicable

#### **6. Risks relating to issue/options**

Governance arrangements are in place to ensure that all risks are managed and currently all risks are being managed without the need for further escalation.

#### **7. Finance / resource implications**

Not applicable

#### **8. Statutory/regulatory/legal implications**

These implications are being addressed through the governance arrangements in place.

#### **9. Working with stakeholders/communications plan**

Stakeholder analysis and a communications plan have been finalised and agreed and are now being implemented.

Staff engagement is critical to this project and comprehensive plans are in place to ensure this is achieved

#### **10. Action Required**

The Board is asked to:

- Approve the preferred provider recommendations made in section 2.1.
- Approve the approved provider recommendation in section 2.2, subject to successful completion of the time limited work overseen by the SHA.
- Approve the nine validation phase changes as set out in section 3.
- Delegate authority as requested in section 7.1.
- Support the arrangements and timetable set out in sections 5 to 7 for the transfer of mental health services.

#### **11. Assurance**

The Board will receive monthly updates regarding progress of this project.

For further information please contact:

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Assistant Director, Strategy  
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Melanie Bradbury  
Assistant Director, Vulnerable People  
01904 694760

# NHS NORTH YORKSHIRE AND YORK

Board Meeting: 28 September 2010

## Transforming Community and Mental Health Services – Provider Form Project Update

### 1. Introduction

- 1.1 Following the publication of the operating framework in December 2009 PCTs were required to have determined the future organisational model for PCT provided services by October 2010 at the very latest. The Board has previously agreed that: Community and Mental Health Services (CMHS) will be hosted by NHS North Yorkshire and York until March 2011, that the model for Primary Care Trust (PCT) provided services will be determined by October 2010 and that a plan will be in place to enable implementation from April 2011.
- 1.2 The NHS North Yorkshire and York Board agreed that the PCT should follow an open and transparent managed process. The first stage of that process was completed at the end of July and recommendations were made to the board at the Board Workshop in July about preferred providers. It was agreed that those recommendations would be validated with key stakeholders throughout August and September, and a final decision would be taken at the end of September.

### 2. The initial recommendations

- 2.1 In July the Board gave approval in principle to the following recommendations, pending discussion and full ratification at the September Board:
  - Older people and vulnerable adults services and specialist community services (locality based) would transfer to the appropriate local acute trust (with the exception of Scarborough where further discussion with the Strategic Health Authority (SHA) was required)
  - Children and family services should be split so as to maintain co-terminosity with City of York Council and North Yorkshire County Council. Therefore for the York locality the preferred provider was York Trust given the existing relationships and the geographical links. For North Yorkshire services it was agreed that that the preferred provider for these services (including Selby) was Harrogate and District NHS Foundation Trust.
  - For the Pan North Yorkshire and York services the preferred provider for these services was Harrogate and District NHS Foundation Trust.

The following table outlines the impact of the above decisions:

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST**

<b>OLDER PEOPLE AND VULNERABLE ADULTS SERVICES</b>	<b>LOCALITY BASED OR PAN NY</b>
Community Nursing	Locality
Community Matrons	Locality
Falls Assessment	Locality
Fast Response Teams	Locality
Case Management	Locality
Community Rehabilitation (Physio & OT)	Locality
The Archways Community Hospital, York & Selby War Memorial Hospital	Locality
Tissue Viability Specialist Nursing	Locality
Specialist Heart Failure Nursing	Locality
Specialist Cardiac Rehabilitation Nursing	Locality
Specialist Respiratory Practitioners	Locality
Specialist Continence	Locality
Specialist Palliative Care	Locality
<b>SPECIALIST COMMUNITY</b>	
Adult Speech & language Therapy	Locality
<b>CHILDREN AND FAMILIES SERVICES</b>	
Health Visiting	City of York only

**SOUTH TEES HOSPITALS NHS TRUST**

<b>OLDER PEOPLE AND VULNERABLE ADULTS SERVICES</b>	<b>LOCALITY BASED OR PAN NY</b>
Community Nursing	Locality
Community Matrons	Locality
Falls Assessment	Locality
Fast Response Teams	Locality
Case Management	Locality
Community Rehabilitation (Physio & OT)	Locality
Community Hospitals at Richmond (the Friary), Thirsk (The Lambert), Northallerton (the Rutson with in the Friage Hospital Site), Easingwold (St Monica's)	Locality
Tissue Viability Specialist Nursing	Locality
Specialist Respiratory Practitioners	Locality
Specialist Continence	Locality
Specialist Palliative Care	Locality
Lymphoedema Service	Locality
<b>SPECIALIST COMMUNITY</b>	
Nutrition and Dietetics	Locality
MSK extended scope (including physiotherapy)	Locality
Family Planning / Sexual Health	Locality
Speech & language Therapy	Locality
<b>CHILDREN AND FAMILIES SERVICES</b>	
Community Paediatrics and Children's Therapy services (Physio, OT and SLT) for children with complex needs	Locality

**AIREDALE NHS FOUNDATION TRUST**

<b>OLDER PEOPLE AND VULNERABLE ADULTS SERVICES</b>	<b>LOCALITY BASED OR PAN NYY</b>
Community Nursing	Locality
Community Matrons	Locality
Falls Assessment	Locality
Fast Response Teams	Locality
Case Management	Locality
Community Hospitals at Giggleswick, Settle (Castleberg)	Locality
Specialist Heart Failure Nursing	Locality
Specialist Cardiac Rehabilitation Nursing	Locality
Specialist Diabetes Nursing	Locality
Specialist Respiratory Nursing	Locality
Specialist Continence	Locality
Specialist Palliative Care	Locality
<b>SPECIALIST COMMUNITY</b>	
MSK extended scope	Locality
Chronic Pain and Fatigue Services	Locality
Family Planning / Sexual Health	Locality

**HARROGATE AND DISTRICT NHS FOUNDATION TRUST**

<b>OLDER PEOPLE AND VULNERABLE ADULTS SERVICES</b>	<b>LOCALITY BASED OR PAN NYY</b>
Community Nursing	Locality
Community Matrons	Locality
Falls Assessment	Locality
Fast Response Teams	Locality
Case Management	Locality
Ripon Community Hospital	Locality
Specialist Heart Failure Nursing	Locality
Specialist Cardiac Rehabilitation Nursing	Locality
Specialist Diabetes Nursing	Locality
Specialist Respiratory Nursing	Locality
Specialist Continence	Locality
Specialist Palliative Care	Locality
<b>SPECIALIST COMMUNITY</b>	
Chronic Pain and Fatigue Services	Locality
<b>CHILDREN AND FAMILIES SERVICES</b>	
Health Visiting	County of North Yorkshire
School Nursing	County of North Yorkshire
Children's specialist community nursing team	Locality
<b>NY Y – WIDE (ALL LOCALITIES)</b>	
Minor Injury Units and Walk in Centres (York)	Pan NYY
GP Out of Hours	Pan NYY
Prison Health Care (York and Northallerton)	Pan NYY
Smoking Cessation	Pan NYY
Salaried Dental Services	Pan NYY
Podiatry	Pan NYY
Safeguarding Children	Pan NYY
Infection, Prevention & Control / TB Liaison	Pan NYY
Community Wheelchair	Pan NYY
Community Equipment and Medical Devices	Pan NYY

2.2 Following further discussion with the Strategic Health Authority, it was confirmed that they would support the integration of adult community services (and community paediatrics) with Scarborough and East Yorkshire Healthcare NHS Trust on the grounds that:

- Integration with the local acute provider has greater potential to deliver significant efficiency gains across integrated care pathways
- The bid from Scarborough and East Yorkshire Healthcare NHS Trust has the full support of local GPs
- The local authority are more supportive of integration with an existing local provider
- There would be less support from the general community for services to be distance managed by an organisation which is off the patch

As a result of the above the PCT is now working with the Trust as the potential preferred provider for these services. This is in the context of Board discussion and of the separate time limited work being undertaken by the SHA, Scarborough and East Yorkshire Healthcare NHS Trust, York Teaching Hospital NHS Foundation Trust, Hull and East Yorkshire Hospitals NHS Trust and NHS East Riding on clinical networking and Foundation Trust viability of Scarborough and East Yorkshire NHS Trust. This work is due to report in October 2010.

The following table outlines the impact of the above decision:

**SCARBOROUGH AND EAST YORKSHIRE HEALTHCARE NHS TRUST**

<b>OLDER PEOPLE AND VULNERABLE ADULTS SERVICES</b>	<b>LOCALITY BASED OR PAN NY</b>
Community Nursing	Locality
Case Management	Locality
Community Rehabilitation (Physio & OT)	Locality
Community Hospitals at Malton and Whitby	Locality
Fast Response Teams	Locality
Tissue Viability Specialist Nursing	Locality
Specialist Heart Failure Nursing	Locality
Specialist Cardiac Rehabilitation Nursing	Locality
Specialist Diabetes Nursing	Locality
Specialist Respiratory Practitioners	Locality
Specialist Continence	Locality
Specialist Palliative Care	Locality
Cancer Information Service	Locality
<b>SPECIALIST COMMUNITY</b>	
MSK extended scope (including physiotherapy)	Locality
Nutrition and Dietetics	Locality
Family Planning / Sexual Health	Locality
Adult Speech & language Therapy	Locality
<b>CHILDREN AND FAMILIES SERVICES</b>	
Community Paediatrics and Children's Therapy services (Physio, OT and SLT) for children with complex needs	Locality

### 3. The Validation Phase

As agreed the PCT has worked with key stakeholders throughout the last two months to validate the above decisions. During that period some anomalies have arisen, as well as some areas that required further clarity. These issues have been discussed at the Community Programme Board and legal advice has been sought and is reflected in the recommendations. Informal discussions have also taken place with all the trusts concerned and have been very positive. The issues are summarised as follows:

#### 3.1 St Monica's

The Easingwold patch, including St Monica's, was included within the Hambleton and Richmondshire Lot with the preferred provider being South Tees Hospitals NHS Foundation Trust. However patient pathways predominantly link to York Teaching Hospital NHS Foundation Trust i.e. the hospital is used as a step down from York Hospital. In terms of related services the Virtual Ward covering Easingwold will transfer to York. In discussion it was clear that GPs, Practice-based Commissioning (PbC) leads and other stakeholders are concerned about the transfer to South Tees Hospitals NHS Foundation Trust.

Were this process to be a true procurement, this presents a risk in that, on the face of it, it may amount to a material valuation. Work is ongoing to identify the value represented by this element of the service in order to assess the materiality of the variation to the offered opportunity.

The risk is mitigated by the fact that the lots did not identify specific establishments, only services. In addition, the existing patient pathways and flows would suggest that it properly forms part of the York locality services.

**Recommendation:** St Monica's transfers to York as this will support patient pathways.

#### 3.2 Child Health System

The original plan agreed for the Child Health System was for it to transfer (from CMHS) to the Commissioner at the end of this financial year. Given the white paper, this decision has been reviewed and the view of Directors is that it would be more logical now for this to transfer as part of Transforming Community Services. The staff within the team also support the universal children's services and this could result in a complex apportionment exercise.

**Recommendation:** transfer to Harrogate District NHS Foundation Trust as part of Lot 5 (Children's) as they are going to provide the associated services.

### **3.3 Universal Children's Services (Health Visiting and School Nursing)**

Health Visiting Services are currently provided by CMHS in all localities of North Yorkshire. School Nursing is provided in three localities, with the exception being Selby and York locality. School Nursing in Selby, York and Easingwold is currently provided by York Teaching Hospital NHS Foundation Trust.

Future provision arrangements have taken into account co terminosity with both Local Authorities and it is anticipated that Health Visiting in York will transfer to York Teaching Hospital NHS Foundation Trust. However it is anticipated that York Teaching Hospital NHS Foundation Trust will retain provision of school nursing in Selby and Easingwold, even though these areas are within the administrative area of North Yorkshire County Council rather than City of York.

This means that the same provider will provide Health Visiting AND School Nursing in all localities except Selby and Easingwold where Health Visiting will be provided by Harrogate and District NHS Foundation Trust and School Nursing by York Teaching Hospital NHS Foundation Trust. This is worthy of mention given the modernisation work so far requires integration of these two professional groups in corporate teams.

**Recommendation:** To leave the services as they are currently and consider this as part of the longer term solution for these services throughout 2011/12.

### **3.4 Therapy services for children with complex needs**

Therapy services for children with complex needs (including physiotherapy, occupational therapy, and speech and language therapy). A comprehensive model of care in this area would include the paediatricians, administrative support and the use of the facilities needed to carry out the service but also the whole of the specialist children's services teams. It would therefore make most sense that the entire Specialist Children's Services Teams are transferred with the community paediatricians rather than as part of universal children's services.

**Recommendation:** Locality Model, service transfer to South Tees Hospital NHS Foundation Trust and Scarborough and North East Yorkshire NHS Trust along with Community Paediatrics.

### **3.5 Minor Injury Units – Malton and Whitby**

Minor Injury Units (MIUs) in other localities are aligned to GP out of hours and are integral to service delivery. The MIUs and GP out of hours service will transfer to Harrogate and District NHS Foundation Trust (Lot 6 – Pan North Yorkshire and York).

In Scarborough Whitby Ryedale the GP service is provided by Primecare, the MIUs would be provided by Harrogate and District NHS Foundation Trust and A&E by Scarborough and North East Yorkshire Healthcare NHS Trust. Both provider and commissioner have queried the rationale for transfer of Whitby and Malton MIUs to Harrogate and District NHS Foundation Trust.

**Recommendation:** To facilitate better integration of out of hours with MIUs it is recommended that this service transfer to Scarborough and North East Yorkshire Healthcare NHS Trust.

### **3.6 Priory Medical Group, York**

The PCT employs nurses (district nurses and health visitors) who work for Priory Medical Group. Technically the nurses are not within the CMHS structure and cannot stay with the commissioner. They need to transfer to a clinical provider.

**Recommendation:** Transfer to York Teaching Hospital NHS Foundation Trust.

### **3.7 Medical Devices**

Not identified within the lots.

**Recommendation:** Transfer to Harrogate and District NHS Foundation Trust with equipment and wheelchair services.

### **3.8 Sexual Health Services and Family Planning (including school nurse sexual health drop in)**

The original commissioner and provider view was that this service should be provided pan North Yorkshire and York. Following the assessment panel it was agreed that the service should go into the appropriate localities – as it is only provided in Craven, Hambleton and Richmondshire and Scarborough Whitby Ryedale.

There is concern from the service and the lead commissioner about fragmentation of service. It is important that these services are closely aligned to the school nursing services and Genito Urinary Medicine (GUM) in order to support the provision of an integrated sexual health services. The school nursing service is to be provided by Harrogate and District NHS Foundation Trust across North Yorkshire (York

Teaching Hospital NHS Foundation Trust currently provides the service in York). The GUM service is currently provided by York Teaching Hospital NHS Foundation Trust across North Yorkshire and York (except from Hambleton and Richmondshire where this is currently being reviewed). This is a small service which shares a lot of expertise and staffing across the patch.

**Recommendation:** Service should transfer to Harrogate and District NHS Foundation Trust to enable alignment with the school nursing services.

### **3.9 Speech and Language Therapy Services**

The original decision regarding speech and language therapy services was that these should be provided on a locality basis, and therefore go to the appropriate acute providers.

There is concern from the service about fragmentation of this service (it also provides services to learning disabilities). It was therefore felt that to ensure the service continues to be viable in the short term, it should transfer to Harrogate District NHS Foundation Trust initially and further work can be undertaken in the future as required.

**Recommendation:** Service to transfer initially to Harrogate and District NHS Foundation Trust subject to review during 2011/12.

## **4. Recommendations to the Board Regarding Community Services**

- 4.1 The Board is asked to ratify the preferred providers as detailed in section 2.1 of the Board paper.
- 4.2 The Board is asked to consider the recommendation regarding Scarborough and North East Yorkshire Healthcare NHS Trust in section 2.2 and agree that the PCT should proceed on the basis that Scarborough and North East Yorkshire Healthcare NHS Trust are the preferred provider for that locality (subject to the time limited piece of work that is also taking place, to be completed in October).
- 4.3 The Board is asked to consider the nine recommendations in section 3 following the validation phase and agree that the above changes to the 'lots' should take place.
- 4.4 Following Board approval the PCT will proceed with the implementation phase of the transfer of these services. The aim is to ensure that services are transferred safely, allowing continuity of care for patients by 1 April 2010.

## 5. Transfer of Mental Health Services

- 5.1 As part of the Transforming Community Services work plan, the Board of NHS North Yorkshire and York agreed that PCT based Mental Health Services and Learning Disabilities would be formally tendered. The PCT is now working with the Yorkshire and Humber Commercial Procurement Collaborative (CPC) to take forward that process and has agreed the specification for this arrangement. Mark Algar, Project Manager from CPC will now actively manage the procurement exercise and provide project management support to the PCT commissioning lead.
- 5.2 The mental health transfer project team has met and agreed Terms of Reference for this project. It is a multi agency project group and includes adults' and children's service representatives from North Yorkshire County Council and City of York Council. Chairs of the relevant PbC groups have been contacted and invited to attend the mental health project meetings.
- 5.3 The project management team also consists of a dedicated project manager and a procurement specialist who will be working closely with the PCT to deliver the procurement objectives and mobilisation of services.
- 5.4 The PCT formally launched the tender process on 6 August 2010 at the Galtres Centre and work is now on going to procure services in line with current EU Procurement Legislation and UK Law.
- 5.5 The first stage of the process commenced with expressions of interest from Providers through a Pre Qualifying Questionnaire (PQQ) which had to be submitted by 31 August 2010. This stage concludes on 20 September 2010 where the project team will shortlist from the 9 bidders who submitted a PQQ.

## 6. The Project Team

- 6.1 The members of the project team are listed as follows:

Melanie Bradbury	Assistant Director, PCT
Steve Brooks	Senior Commissioning Manager, PCT
Sue Duxbury	Senior Finance Manager, PCT
Dr Martin Hawkins	Consultant in Public Health, PCT
Rachel Ingham Jones	Head of HR, PCT
Steve Mason	Head of Legal Services, PCT
Patrick Otway	Senior Contracts Manager, PCT
Paddy Pearce	Assistant Director Governance, PCT
Angela Wood	Assistant Director, IM&T
Seamus Breen	Assistant Director, NYCC
Kathy Clark	Assistant Director, CYC
Andrew Terry	Assistant Director Children, NYCC

## **Independent Evaluation**

Craig Harris, Associate Director Commissioning, NHS Manchester  
Maureen Burke, Nurse Consultant, Greater Manchester MH Trust

## **Chair of Panel and Moderation**

Kevin McAleese, Chair NHS North Yorkshire and York (also will Chair panel)  
Sue Metcalfe, Deputy Chief Executive, NHS North Yorkshire and York

- 6.2 The following members of NHS North Yorkshire and York Mental Health Services are involved in the development of the tender specification, but not in the evaluation and scoring of the bids:

Dr Jim Isherwood, Clinical Director, North Yorkshire and York Community and Mental Health Services (NYY CMHS)  
Stephen Dean, Head of HR, NYY CMHS  
John Clare, Associate Director, NYY CMHS  
Emma Henderson, Psychologist and Clinical Executive Member

## **7. The Project Timetable**

- 7.1 The project timetable is detailed in section 7.2; however a vital stage is the development of the specification which sets out the context of mental health services, the local information including patient demographics and epidemiology. This overarching specification is supported by a sub set of service specifications for each mental health service function, for example Child and Adolescent Mental Health Services. This could mean the release of approximately 35 specification documents.

A draft specification is currently in circulation for comment and feedback ready for the final version to be completed 1 October 2010. It must be noted the huge amount of work that will have gone in to meeting this very challenging timescale, which is essential to allow the Invitations to Tender to proceed on 4 October 2010.

Given the tight timescales the Board is asked to delegate authority to the Mental Health Project Team to proceed with the short listed providers to move to the Invitation to Tender stage and also delegate authority to vary the indicative timetable detailed below.

- 7.2 The table below highlights the key project milestones into early next year.

<b>Milestones</b>	<b>Date</b>
Mental Health Programme Board	17 September
PQQ Moderation – Shortlist decision made	20 September
Draft Specification v1 – Comments & Feedback	20 September
Notification of PQQ evaluation and results to bidders	21 September
Draft specification v2 – Comments & Feedback	24 September
Specification first stage sign off	29 September
Specification final sign off	1 October
Invitation to Tender (ITT) issued to Bidders	4 October
Deadline for receipt of ITT bids	17 November
ITT Training Day	17 November
ITT Evaluation (work-stream leads)	18 – 30 November
ITT First Stage Moderation	1 December
ITT Final Moderation & Decision	8 December
Board report submitted	10 December
Board Meeting – ratification of report recommendations	20 December
Bidders notified	22 December
Standstill period (10 days)	22 December – 14 January 2011
Finalise contract provision	17 January 2011

7.3 As part of the tender, the mental health services have been split into three 'localities' to capture as wide a competitive market as possible and also to reflect the natural flow of patients. The localities are:

- York, Selby and Tadcaster
- Harrogate (with outreach to Craven where appropriate)
- Hambleton and Richmondshire (with outreach to Scarborough Whitby Ryedale)

## 8. Summary

The timescales for the tender and transfer of mental health services is extremely challenging, with a very significant amount of work to manage with very little room for slippage. The mental health project team is overseeing the delivery of this tender and is working in partnership to ensure that the specification (s) for services meets the needs of patients and carers.

The Board will be updated on a monthly basis as to progress and issues arising with the tender of mental health services.

## **9. Recommendations to the Board Regarding Mental Health Services**

The Board is asked to:

- 9.1 Delegate authority to the Project Team to proceed with the short listed providers to move to the Invitation to tender stage.
- 9.2 Delegate authority to vary the indicative timetable detailed in section 7.
- 9.3 Note and support the ongoing work with the transfer of Mental Health Services.