|  |  |
| --- | --- |
| **Service name** | Birmingham and Solihull Community Counselling |
| **Provider Collaboratives** | Birmingham and Solihull Mental Health Provider Collaborative |
| **Period** | 1st April 2026 to 31st March 2028 |
| **Population and/or geography served: Birmingham and Solihull** | |
|  | |
| General Overview:  The Community Counselling service is a counselling provision commissioned by the Mental Health Provider Collaborative, which will operate within the six localities in Birmingham and Solihull to meet counselling need and address health inequalities. Each locality will have a lead provider working with one or more other organisations to provide a rounded offer meeting the varied needs across the area.  Community Counselling will focus on trauma, grief and loss, person centred counselling and culturally sensitive counselling. The lead provider in each locality will hold a strong presence in the VCFSE sector working in one or more of the six Birmingham and Solihull localities: Birmingham North, South, East, West and Central, and Solihull. The lead provider is required to work alongside community and grass roots organisations in partnership to broaden the focus of the offer to meet the needs of multiple communities within the locality.  The locality leads will also ensure partnership working across Birmingham and Solihull to ensure Community Counselling is a fair, appropriate and easy to access service for the entire population.    Each of the six localities has a different and diverse make up in terms of ethnicity, age profile, population density and levels of deprivation etc, and different community organisations work in each locality. Therefore, a bespoke offer is needed in different areas to fully meet the varied needs of the population.  **Population density:**  As of 2021, Birmingham is the most densely populated of the West Midlands' 30 local authority areas, with around 31 people living on each football pitch-sized area of land. Solihull is the 13th most densely populated of the West Midlands' 30 local authority areas, with around nine people living on each football pitch-sized area of land.  Ethnicity:  The ethnicity of the population in the localities of Birmingham varies considerably. The proportion of the population in the North and South who are White is 80.8% and 77.5% respectively, whereas in the West this is 33.0%. The Asian ethnic group is the second biggest in Birmingham overall and is the biggest ethnic group in the West of Birmingham (nearly 40%) and accounts for nearly 38% of the population in East Birmingham. The proportion of Birmingham residents with Black ethnicity is 9% and this rises to above 19% in West Birmingham. Birmingham has a higher share of residents from Black, Asian, Other and Mixed ethnicity when compared to the national average.  In Solihull overall 82% of the population are White. The ethnicity of the population varies by ward with areas such as Shirley East and Salthill in the West having a more diverse population where 29% and 28% of the population are from ethnic minority groups. By contrast, in Dorridge and Hockley and Knowle over 90% of the population are White.  Deprivation:  The highest number of most deprived wards are in the West and East, while the highest number of least deprived wards are in the North.  Counselling services need to work in a way that reduces Health Inequalities and promotes equal access to other psychologically effective services like Talking Therapies that aim to achieve good outcomes for all individuals and communities.  Various sources of local data and intelligence demonstrate that in mental health services locally there is:   * Over and under-representation of different ethnic groups within mental health services compared with the Birmingham and Solihull population. * Differences in rates of service access by gender * Variation in recovery rates and outcomes by gender, age, and ethnicity * Variation in service access rates based on where people live, for example, the ward or parliamentary constituency they reside in   It is also well-established that cultural stigma, language barriers and lack of cultural awareness and competency of service providers can create barriers to accessing services for the diverse communities that live in Birmingham and Solihull.  The counselling service must ensure accessibility and inclusivity ensuring that individuals from all backgrounds and demographics can readily access timely support. This encompasses disabled and neurodivergent people, non-speakers, and those with other language barriers, as well as careful considerations for older people and people from all communities across Birmingham and Solihull  • *18+ accessibility* - the counselling service is designed to be accessible to individuals aged over 18. The counselling workforce is specially trained, competent, and experienced in adult mental health, ensuring that service users receive support tailored to their developmental stage and specific needs. For example, for older people, this may involve providing support tailored to age related concerns, such as loneliness, bereavement, and physical health issues.  • *Culturally competent care* - cultural competence is valued and culturally sensitive care is provided to individuals from diverse backgrounds. The counselling workforce is trained to understand and respect the cultural norms, beliefs, and values of service users, ensuring that support is delivered in a way that is respectful and affirming. Language barriers must also be addressed to ensure that individuals from diverse backgrounds can access support in their preferred language. This may involve employing multilingual staff or utilising translation services to facilitate communication with non-English speaking service users.  *• Neurodivergent and learning disability affirming care* - the needs of neurodivergent individuals must be accommodated, this includes autistic people, people with ADHD, dyslexia, or Tourette's to name a few. People with learning disabilities must also be considered. The counselling workforce is trained to adapt their communication style, language use, and approaches to meet the needs of various neurodivergent communities ensuring that support is accessible, effective, and neurodivergent affirming. This also include providing clear and concise communication, minimising sensory overload, and affirming that the individual’s neurodivergence not as a flaw that needs correction but as a distinct neurotype or brain style that is an integral part of their identity.  By prioritising accessibility and inclusivity, the counselling service aims to reach and support individuals from all walks of life, ensuring that everyone has access to the mental health support they need, when they need it. Through these focus areas a more inclusive and supportive service is created for all individuals experiencing a mental health crisis. | |
| **Service aims and desired outcomes** | |
| **Aims:** A culturally competent, flexible, and creative approach to delivering counselling services to people experiencing emotional distress, low mood and depression within Birmingham and Solihull at a primary care level. There will be a particular focus on communities who are traditionally underrepresented in NHS psychological therapies services and providers will work to reduce community stigma around accessing early intervention mental health services.  **Objectives:**   * Provision of brief, trauma-informed, culturally appropriate, and relationship-focused counselling to people who are 18 and older living in Birmingham and Solihull. * Delivery of individual (one-to-one) and group therapy sessions, both in person and digitally. * Clearly defined referral and discharge pathways for continuity of care. * Risk and needs assessments to tailor interventions. * Use of validated outcome measurement tools e.g. WEMWBS, PHQ-9, CORE, DIALOG+, GBO and/or ReQol. * Signposting to relevant services to provider wrap around support to the individual. * Commitment to accessibility, including interpreter services, flexible hours, and community-based locations. * Assurance of staff qualifications, ongoing training, and professional supervision where appropriate. * Active community integration and collaboration with local partners. * Service user involvement in design, delivery, and feedback processes. * Strict adherence to ethical and professional standards.   **Outcomes**:  **1. Access & Response Times**   * Intervention begins within 2 to 12 weeks of referral.   **2. Service Volume**   * Total hours of counselling delivered per month and per year. * Number of clients supported during the reporting period.   **3. Outcome Monitoring**   * Use of validated outcome tools, including WEMWBS, PHQ-9, CORE, DIALOG+, GBO and/or ReQol. * Percentage of clients reporting improved mental wellbeing.   **4. Client Feedback**   * Completion of satisfaction surveys following discharge. * Collection of both qualitative and quantitative feedback to inform service development.   **5. Staffing Standards**   * All counsellors are professionally registered and/or accredited (e.g., BACP, UKCP). * Counsellors receive monthly clinical supervision.   **6. Operational Metrics**   * Number and source of referrals received and accepted. * DNA (Did Not Attend) rates. * Number of safeguarding referrals made. * Clinical presentation * Average number of treatment sessions * Average Wait Time: Duration from referral to the first counselling session * Therapy Completion Rate: Percentage of clients who complete their planned sessions. * Re-referral Rate: Percentage of clients who return within 6 to 12 months. | |
| **Service description and location(s) from which it will be delivered** | |
| The service will provide short term, counselling-based interventions to support people who are experiencing emotional distress, low mood, and/or depression. The service user’s difficulties may be linked to:   * Adjusting to changes in circumstances * Trauma * Grief and loss * Personal identity * Relationship challenges * Self-esteem and self-confidence * Cultural sensitivities   Provision will include:   * Brief, trauma-informed, culturally appropriate, and relationship-focused counselling. * Delivery of individual (one-to-one) and group therapy sessions. * Rapid access to mental health assessments to ensure timely support. * Integrated support with primary care services, promoting holistic wellbeing. * Clearly defined referral and discharge pathways for continuity of care. * Screening on level of risk and appropriate levels of safety planning. * Use of validated outcome measurement tools where appropriate * Signposting to relevant services and self-help resources for flexible care. * Commitment to accessibility, flexible hours, and community-based locations. * Staff will reflect the local community and some provision in the main languages spoken in the locality will be available. * Assurance of staff qualifications, ongoing training, and professional supervision where appropriate. * Active community integration and collaboration with local partners. * Service user involvement in design, delivery, and feedback processes   The service will have relevant clinical and non-clinical staff to deliver the counselling and community offer.  Counselling staff will be accredited or registered with relevant organisations such as BACP and UKCP.  All counsellors will receive appropriate clinical supervision from accredited supervisors. Any other staff must be appropriately trained and supervised.  A proportion of the workforce should be volunteers and student counsellors on placement from local universities  There will be a lead provider with a strong presence in the VCFSE sector working in one or more of the six Birmingham and Solihull localities detailed above. The lead provider will work alongside one or more community and grass roots organisations in partnership to broaden the focus of the offer to meet the needs of multiple communities within the locality.  The lead provider will be expected to ensure their offer has a strong focus on:   * Collecting service user demographic data to enable them to understand who is and is not accessing the service. * Increasing uptake of service provision in communities and groups who are under-represented within services, this could be on the basis of ethnicity, age, gender, sexuality, or area of residence. * Ensuring the service offer meets the cultural needs of the diverse communities of Birmingham and Solihull and that barriers to accessing services are reduced. * Working with other locality led providers to ensure service users are treated by the most appropriate provider and are able to navigate between providers as necessary to meet their needs.   The aim of the service is to offer an alternative to existing provision which may not be meeting need; therefore, service users will be given the choice to engage with this service or NHS Talking Therapies if both are deemed appropriate options.  **Referrals:**  Referrals will be accepted from the following sources (list is not exhaustive):   * Self-referral * GPs and primary care services * Community organisations * Neighbourhood Mental Health Teams * NHS Talking Therapies services. * Other locality lead providers   **Intervention:**  Referrals will be screened for suitability by the provider who receives them and if appropriate an initial appointment will be offered to begin sessions.  The model will focus on short term interventions and usually offer service users no more than 6 sessions unless in exceptional cases. This will be monitored and reviewed in Contract Quality Review Meetings.  If the service is not deemed to be the most suitable intervention for the service user, the provider is responsible for signposting to any alternative offers and making onward referrals where appropriate. This could be at the point of referral, or during the intervention.  Signposting and referrals can and should be made to providers working within the locality model but also to other locality leads and specialist provision across Birmingham and Solihull.  **Exclusion criteria:**  There will be no strict exclusion criteria, however, the focus of this service is people experiencing mild to moderate levels of difficulty, with no/low suicidal ideation and/or self-harm and without a diagnosis of a Severe Mental Illness.  People aged 17 and under.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Accessibility:**  The service will be open at times which meet community need.  Interventions may be delivered in person or via digital options.  **Workforce:**  There will be a workforce model that:   * Has sufficient capacity to deliver the service within the locality and accept some referrals from across Birmingham and Solihull if a service user’s needs cannot be better met in the locality they reside in. * Undergoes a yearly review of capacity and requirements. * Undergoes a yearly Training Needs Analysis to ensure staff have access to training and development to provide a high-quality service. * Looks for opportunities to recruit trainees from partner organisations thus increasing the diversity of the workforce. * Connect with Talking Therapy Services for collaboration.   **Reporting and contract management:**  The lead provider will submit monthly reports on behalf of the locality to the commissioner using an agreed template. These will be sent by email to the MHPC by the 15th working day of the month.  Key data points will be submitted monthly to the Mental Health Services Data Set (MHSDS) to allow national reporting.  The lead provider will attend quarterly Contract Quality Review Meetings with the MHPC to review reporting, activity levels, safeguarding concerns, risks to the service, patient experience and any other relevant information.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **KPI and Reporting Arrangements**  The following KPIs will apply throughout the duration of the contract   |  |  |  | | --- | --- | --- | | Measure | Target | Period | | Monthly reporting to mental health provider collaborative – Reports provided within 15 working days from the start of the month or otherwise agreed time frame | 100% | Every month | | Attendance at quarterly contract review meetings | 100% | Every quarter | | Staff Training according to levels set within competition | 100% | Reviewed Annually | | Social Value reporting and progress towards initiative goals | 100% | Monthly | |   **Social Value**  In the award of public contracts, public authorities have the duty to consider social value.  More information on the application of social value within procurements can be found within the Procurement Policy Note 06/20 –  https://www.gov.uk/government/publications/procurement-policy-note-0620-taking-account-of-social-value-in-the-award-of-central-government-contracts  In the award of this contract, the authority would like to see a positive social value benefit in the local area of Birmingham and Solihull. Social value can take many forms, and may be seen within areas such as –   * the community * local environment * third sector organisations * other suitable landscapes.   A successful social value breakdown should aim to demonstrate exactly how the monies from the contract will be used to actively support social value schemes. Such schemes may be pre-existing, but the detail provided should demonstrate what aspect of new or existing schemes will be supported with contractual funds.  Bidders should understand that social value is a continuous commitment and forms an essential part of this competition. Goals set during the tender stage will be measured by the authority, and responses should detail:   * Impact of funds * Goals of social value initiative * Timelines for achievement * Conduct of reporting * Contingency for failure to achieve social   Consideration should be given to the overall weighting of the social value criteria, and the investment assigned to such initiatives should be proportionate to such weightings. There is no set threshold for minimum financial consideration, but the authority will take into account the proportion of social value investment to the value of the overall bid. It is important to note that social value investment does not directly equate to financial input and can be expressed in a number of ways such as staff time, expertise, or other resources. Nevertheless, the total contribution must be expressed within any bid in a manner that can be reasonably measured.  Birmingham and Solihull Procurement Collaborative utilise Match My Project as a social value platform <https://matchmyproject.org/>. Please note that signing up to Match My Project as part of this competition is not necessary but is heavily encouraged by the authority | | |