

The Services

24 hour telephone information, advice and guidance provision for people with mental health needs.

Contract Period:- January 2020 – March 2022

Total Contract Value:- £440,000

1.0 Purpose

- 1.1 To provide a cost effective and accessible service to individuals with mental health needs and their carers living within Kirklees (Greater Huddersfield and North Kirklees), Calderdale, Wakefield and Leeds.
- 1.2 The Helpline Service will enable individuals to receive advice, information and guidance, they will respond to urgent concerns and will operate within a recovery model ensuring callers' benefit from an effective intervention.
- 1.3 The service will complement the total provision of mental health services, within the identified geographic areas, working in collaboration with key partners and integrated within service pathways.
- 1.4 The helpline will provide an important role in supporting individuals who are at risk of developing mental health problems, those individuals with diagnosed common mental health problems, those individuals known to mental health services experiencing mental health distress and/or those seeking information, advice and support.

2.0 National context, key policy and evidence base

- 2.1 1 in 4 adults will be affected by a mental health problem in their lifetime. 50% of all lifetime mental illness will be established by the age 14, and 75% by the time a person reaches their mid 20's.
- 2.2 The 2016 Five Year Forward View for Mental Health (FYFV) set out the case for transforming mental health care in England and states that new models of care will have a greater emphasis on prevention and self-management, and will support people's mental health alongside their other needs. It identified three main priority actions for the NHS to be achieved by 2020/21. The three priority areas are:
 - 1) A 7 day NHS – right care, right time, right quality
 - 2) An integrated mental and physical health approach
 - 3) Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens.

- 2.3 The Implementation Guide (2016) sets out the plan to deliver on these commitments, which when implemented will lead to an additional one million people receiving high-quality care by 2020/21.
- 2.4 The Mental Health Plan of the West Yorkshire and Harrogate, integrated care system (ICS), is intended provide the local vehicle for strategic planning, implementation at scale and collaboration between partners. Implementing the commitments of the regional ICS, will improve access and outcomes, reduce inequality and inefficiencies across the local health and care economy and wider society. Improving mental health and wellbeing cannot solely be achieved by the NHS, but delivered in partnership with other local organisations including local government, housing, education, employment and the voluntary sector.
- 2.5 Policy and evidence which supports this type of service is referenced in several documents, including the following:
- Care Act (2014) (<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets>)
 - HM Govt. No Health Without Mental Health (2011) (<https://www.gov.uk/government/publications/the-mental-health-strategy-for-england>)
 - Independent Mental Health Taskforce. Five Year Forward View for Mental Health (2016) (<https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>)
 - Life Lines. Evaluation of mental health helplines (2012) (<https://www.mentalhealth.org.uk/file/1110>)

3.0 Local Context

3.1 Local intelligence and data supports the need for investment in mental health preventative support, as shown below:

3.2

	Calderdale	Kirklees	Wakefield	Leeds	England
% of people with common mental health disorder 17 – 74 yrs	17%	17%	17%	19%	15.6%
% of people with serious mental illness on GP registers	0.96%	0.93%	0.83%	0.95%	0.86%
% of people 16 yr + with Psychotic disorder	0.3%	0.32%	0.31%	0.4%	0.4%

www.england.nhs.uk (Jan2017)

3.3 It is also recognised that there is significant comorbidity between SMI and long term conditions.

4.0 Scope

- 4.1 This service specification sets out the scope and standards of the 24 hour information, advice and guidance helpline.
- 4.2 The service is funded by the 5 clinical commissioning groups identified in section 1.1 above.
- 4.3 The Helpline will support each of the localities in delivering re-designed community pathways and will be part of the crisis/acute service offer, providing an alternative/complimentary out of hospital service, by improving the options of early intervention and helping address system flow through both primary and secondary care.
- 4.4 Service users accessing this service will be referred to as 'Callers'.

5.0 Objectives

- 5.1 To provide a 24 hour telephone advice, information and guidance service for individuals with mental health needs and their carers.
- 5.2 To enable individuals with urgent mental health concerns and/or their carers to be able to receive appropriate support to prevent an escalation of risk.
- 5.3 To enable individuals to find solutions to their difficulties wherever possible during the contact.
- 5.4 To advise on the most effective way forward and/or refer on to the most appropriate other service.
- 5.5 Ensure that the individual is responded to in a timely manner.

6.0 Outcomes

6.1 The Service will be outcome driven and the minimum expected service outcomes are:

- NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term Conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X
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- Local defined outcomes

Outcome	Evidence
More people with mental health problems will recover	the helpline will provide timely support and appropriate interventions
Individuals will have choice and control on when they receive help	The 24 hour helpline will offer access on a timely basis
Fewer people will experience stigma and discrimination	The helpline will provide a confidential, safe and non-judgemental service for individuals

7.0 Service description

- 7.1 A person centred approach and philosophy will underpin the practice of the service, appropriate interventions will be used; i.e. Solution Focused Brief Therapy.
- 7.2 The Service will operate 24 hours per day; 365 days per year.
- 7.3 Callers will have direct telephone contact with call handlers. Where call handlers are unable to respond directly to a call, there will be a facility for individuals to request a call back. Call handlers will respond to any requests within fifteen minutes.
- 7.4 The service will provide appropriate services to meet the language, communication and religious needs of the local populations.
- 7.5 The Service Provider will work with the identified CCGs in section 1.1 to promote and market the Service in accessible, flexible formats, including the internet, cards, leaflets and posters to:
- manage callers' expectations; ensuring that they promote the purpose with a clear message of the services provided;
 - key partners, stakeholders and communities within the identified geographical areas, raising awareness of the service among (a) primary care, including GPs, so that they can refer their patients; and (b) specialist mental health services, so that the helpline can be integrated into overall mental health care.
- 7.6 The Provider will maintain a database of relevant information to enable callers to access the most appropriate support within the 5 CCG areas. For example, this may include emergency services, local GPs, hospitals, mental health services and voluntary and community sector organisations, support and activities.

7.7 Records of calls and outcomes will be kept and, where necessary and appropriate, communicated to relevant agencies.

8.0 Referral, access and exclusion criteria

8.1 The Services will be available to all individuals who live within Kirklees (Greater Huddersfield and North Kirklees CCGs), Calderdale, Wakefield and Leeds who perceive themselves to be in need of advice, information and guidance because of an episode of mental health distress or because they are a carer of an individual with mental health needs.

8.2 The Services will not be available to individuals who live outside of the areas identified in 8.1 above.

8.3 Individuals can access the Services directly without any referral process.

8.4 The Service can be recommended as part of a CPA or other support plan by any relevant agency; e.g: Community Mental Health Teams.

8.5 The CPA or other support plan will be communicated to the Service provider making it clear what is required if a contact is made.

8.6 Any Callers who are abusive, threaten violence or use the helpline inappropriately will be excluded from the service.

9.0 Activity Plan

9.1 Call handlers will respond to up to circa 2,900 calls per month; circa 35,000 per year. Any increase in call volumes will be reviewed as part of the contract monitoring process.

10.0 Workforce

10.1 The Provider will ensure that all staff and volunteers involved in delivery of support through the service, receive adequate training appropriate to their role requirements.

10.2 Call handlers must either hold or be working towards achieving City & Guilds level 2 certificate for mental health helpline workers or NVQ Level 3 Counselling.

10.3 The provider will ensure that ongoing supervision and coaching is available to all staff and volunteers

11.0 Contract and performance monitoring

- 11.1 The Provider will have appropriate systems and processes in place to provide performance and monitoring information to the lead commissioner as required.
- 11.2 Quarterly monitoring data is to be provided to the Lead Commissioner, evidencing that targets and outcomes are being achieved, using an agreed schedule.
- 11.3 Performance monitoring reports will cover the periods 1 January to 31 March 2020; then 1 April to 30 June; 1 July to 30 September; 1 October to 31 December; and 1 January to 31 March in each year of the contract.
- 11.4 Performance monitoring reports will be provided to the Lead Commissioner, one month after the monitoring period has ended. Dates are as follows: April 30th 2020, then July 31st, October 31st, January 31st, April 30th in each year of the contract.
- 11.5 The Lead Commissioner will aim to provide written feedback to the service regarding performance monitoring reports, within one month of receiving the reports. Feedback will highlight any missed targets and underperformance and will request further detail as to how this is to be managed, (if not already provided).
- 11.6 An annual summary of monitoring data will also be completed by the service, drawing together the activity that has been carried out throughout the financial year.
- 11.7 The service and Commissioner representatives, will meet as a minimum at six monthly intervals in order to discuss service activity and performance in greater depth. Additional meetings will be arranged where necessary.
- 11.8 The contract monitoring information to be provided as part of contract monitoring will include but not be limited to the following:

Indicator	Method of measurement	Frequency of information
The Service will handle a minimum of 2,900 calls per month (35,000 per year)	<ul style="list-style-type: none"> • Total number of calls received • Number of repeat callers 	Quarterly –(reported by month) Quarterly – by CCG
The service will support people from all communities that make up the populations of the Kirklees (Greater Huddersfield & North	Breakdown of caller demographics by: <ul style="list-style-type: none"> • CCG • Age • Ethnicity • Gender 	Quarterly –(reported by month)

Kirklees), Calderdale, Wakefield and Leeds CCGs.	<ul style="list-style-type: none"> Choice of Language 	
The service will provide timely access	<ul style="list-style-type: none"> Number of calls responded to within less than 15 mins Number of calls responded to within 15 mins Number of calls responded to in greater than 15 mins Number of calls made in response to a call back request Breakdown of call duration 	Quarterly –(reported by month)
The service will provide telephone advice, information, guidance and effective interventions for individuals with mental health needs and their carers	<ul style="list-style-type: none"> Number of calls from individuals who have mental health needs Number of calls from carers of someone with mental health needs Breakdown/numbers of action taken as a result of the call e.g. signposting; onward referrals; receiving information; contacting emergency services; 	<p>Quarterly –(reported by month)</p> <p>Quarterly – by CCG</p> <p>Quarterly – by CCG</p>
The service will use evidence based therapeutic approaches to providing crisis support and monitor and evaluate the efficacy of its approaches.	<ul style="list-style-type: none"> Breakdown/numbers of callers who are in crisis Breakdown/numbers receiving an intervention e.g counselling, solution focused brief therapy 	<p>Quarterly –(reported by month)</p> <p>Quarterly –(reported by month)</p>
The service will endeavour not to exclude people from the service, (see section	<ul style="list-style-type: none"> Numbers of people excluded from the service Numbers of those 	<p>Quarterly – by CCG</p> <p>Quarterly – by CCG</p>

8), where this happens, the reasons for and length of the exclusion will be explained to the caller in person and in writing.	<p>excluded, informed in writing</p> <ul style="list-style-type: none"> • Reasons for exclusions 	Quarterly – by CCG
The service will work in collaboration with other services, including crisis services.	<ul style="list-style-type: none"> • Evidence of upto date local service database • Evidence of integrated local pathways 	<p>Annually – by CCG</p> <p>Annually – by CCG</p>
Understanding and awareness of the helpline will improve and fewer people will experience stigma and discrimination.	<ul style="list-style-type: none"> • Breakdown of promotion and marketing methods and target audiences • Evidence of Leaflets, Posters, internet sites 	<p>Quarterly</p> <p>Annually</p>
The Service will be provided by appropriately experienced and skilled Staff and Volunteers	<ul style="list-style-type: none"> • The Service will have XXXX trained Staff and XXX Volunteers at any one time. • Numbers of call handlers, holding City & Guilds level 2 certificate for mental health helpline workers or NVQ Level 3 Counselling • Number of Call handlers/volunteers working towards achieving City & Guilds level 2 certificate for mental health helpline workers or NVQ Level 3 Counselling • Number of staff and volunteers receiving appropriate monthly professional supervision coaching 	<p>To be Confirmed at contract award – vacancies to be reported quarterly with action plans</p> <p>To be Confirmed at contract award – Then reported quarterly</p> <p>To be Confirmed at contract award – Then reported quarterly</p> <p>Quarterly –(reported by month)</p>

	from a more senior manager.	
More people will have a positive experience of services and the provider will review people's use of the helpline, with a view to ensuring that the service continues to meet their needs	2 case studies to demonstrate impact of the service	Quarterly