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**Gloucestershire Mental Wellbeing Helpline**

**Document 4: The Specification**

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# **Service Specification**

**Provision of a mental wellbeing helpline for adults in Gloucestershire**

**1. Context**

1.1 It is recognised that levels of poor mental wellbeing and the associated need for support has increased in recent years. It is important to ensure that the right services are in place in Gloucestershire to alleviate mental ill-health and support emotional wellbeing.

1.2 A number of options for mental health and wellbeing support exist in Gloucestershire, delivered by NHS, private and community sector partners. However, current commissioned county-wide services are accessed via GP or self-referral and are based on assessment of need. There has been a gap in provision for open access, early intervention support which can be accessed on an anonymous basis without the need for a referral, appointment or pre-assessment.

1.3 Gloucestershire County Council has commissioned the Gloucestershire Self-Harm Helpline for over 10 years. This has provided remote open access support without the need for referral, assessment or appointment for individuals, family and friends of individuals who are worried about self-harm. The current contract ends on 31st March 2023.

1.4 At the outset of the Covid-19 pandemic, Gloucestershire County Council commissioned a number of new temporary mental health services which were designed to complement existing mental health provision in the county, in order to alleviate the additional burden that the pandemic placed on mental wellbeing. This included commissioning the Qwell platform which provides online remote open access, early intervention mental wellbeing support for adults. The current contract for the Qwell service (Remote Early Intervention, Open Access Mental Health Support For Adults 18 Plus) ends on 31st March 2023.

1.5 Additional funding has been approved as part of the Council’s budget in order to continue the provision of open access, early intervention remote mental wellbeing support for adults in Gloucestershire. The Council now wishes to commission a single service providing remote, open access support for adults experiencing mild-moderate mental health issues such as anxiety, low mood and depression, including support for self-harm. The Service requirements are described in the following sections of this specification.

1.6 The new Service must work alongside and (where appropriate) signpost into Gloucestershire’s existing mental health services; and other sources of community-based support to ensure integrated care pathways. This Service is positioned as a ‘Tier 1’ service (see Appendix 2), meaning it is accessible without the need for referral or appointment, for emergent and mild-moderate mental health concerns.

**2. Service Outcomes**

2.1 The Service must provide early intervention (i.e. no referral required) mental health support to adults experiencing mild-moderate mental health issues, including self-harm, to increase emotional resilience, promote safety, improve mental health and wellbeing, promote recovery, and prevent problems escalating.

2.2 The Service is open access, accessible to all adults (those aged 18 years and above), including those:

* with no or limited internet access
* who would like to access support through a variety of methods, including as a minimum telephone and text and/or web chat

2.3 The Service must contribute to the following medium and long-term outcomes:

* reducing the incidence and prevalence of mental ill-health in Gloucestershire;
* increasing emotional resilience and positive mental wellbeing;
* reducing rates of suicide and self-harm;
* reducing the need for specialist mental health support or crisis care.

**3. Target Audience**

3.1 The Service must be available for adults (aged 18 and over) resident in Gloucestershire and/or registered with a Gloucestershire GP.

3.2 The Service must be accessible to all adults in the county, including those with no or limited internet access.

3.3 Whilst open access, the Service must be targeted at individuals experiencing (or at risk of) mild to moderate anxiety and depression (and other common mental health issues) and/or individuals who are experiencing thoughts of, or actual self-harm, who would benefit from access to a low-level intervention to improve their mental health and build emotional resilience, and/or access to self-care resources.

3.4 The Service must ensure it is accessible to groups within the population who may be at higher risk of poor mental health or experiencing other disadvantages. This includes but is not limited to individuals from black and minority ethnic groups, men, LGBTQ+ individuals, those with disabilities or physical health conditions, those experiencing isolation and/or loneliness and older adults. Please note this list is not exhaustive and the Council will work with the Provider to review this on an ongoing basis.

3.5 The Service must also be available to friends, family and professionals who are worried about the mental wellbeing of another individual and are seeking advice on how to support them.

**4. Service Model**

4.1 The Service must provide access to free support for adults (i.e. those aged 18 years and over) resident in Gloucestershire and/or registered with a Gloucestershire GP, with emotional wellbeing and emergent mental health issues, including thoughts of or actual self-harm, who require a short term, low-level intervention. The Service must allow Service Users the option to remain anonymous.

4.2 The Service is a ‘Tier 1’ service (see Appendix 2) which will be available without the need for referral or appointment, for emergent and mild-moderate mental health concerns.

4.3 At a minimum, the core service model must include the provision of:

1. Non-judgemental, person-centred support via an open access remote helpline (telephone **and** web chat and/or text), providing emotional, listening, and practical support by trained advisers on a ‘drop in’ basis for the Target Audience (section 3 of this document), to help manage their presenting issues. For individuals presenting with actual self-harm or self-harm ideation this will include mechanisms to reduce harm such as wound care and alternative, less harmful ways of managing feelings, recognising triggers etc.
2. Signposting to other sources of support where appropriate (local and national), based on the needs of the Service User.
3. Access to a wide variety of online self-care tools and resources, including signposting to hard copies where online options are not accessible.

4.4 The Service must be remote only, face to face provision is out of scope.

4.5 The Service must have a neutral and non-stigmatising, unique name and identity (see section 11 of this document for more detail on brand identity). The Service should appeal to all adults within Gloucestershire and not just individuals with high emotional literacy and self-awareness/ awareness of signs and symptoms of mental ill health. The Service should appeal to individuals who do not typically consider themselves as needing traditional mental health services, but could benefit from a brief, early intervention to promote their wellbeing and prevent problems escalating.

4.6 The support provided must enable two-way interaction between Service User and the Service; and Service Users must be able to remain anonymous if they wish. Service Users must be able to access support via a range of access methods, particularly for those with no or limited internet access. At a minimum, phone support must be provided alongside web chat and/or text. Email may also be provided. The Provider must also ensure that the Service can be accessed through a freephone number or local rate phone number, and that options for concealing the number on documents/bills is possible.

4.7 The Provider will be required to deliver an evidence-based model of care across the helpline which is in line with best practice guidance for supporting adults with common mental health issues.

4.8 The Service must ensure that Staff are aware of the determinants of mental wellbeing, including but not limited to issues relating to community and social connections, identity, discrimination, environment, relationships, financial welfare, and the impact of these. The Service must be prepared and appropriately skilled to support individuals with the following presenting issues, as a minimum:

* low mood, anxiety and depression
* actual self-harm or idealisation of self-harm
* suicidal thoughts
* stress
* individuals contacting the Service for advice regarding someone they support or care about.

4.9 Where any part of the Service is provided online the Provider must use a Council approved secure online platform to deliver the Service requirements in line with the Council’s Baseline Security Standards Forms, and the Information Handling Standards for Contractors Policy, found here: [information-security-and-handling-standards-for-contractors-policy.pdf (gloucestershire.gov.uk)](https://www.gloucestershire.gov.uk/media/2107269/information-security-and-handling-standards-for-contractors-policy.pdf).

4.10 The Service must ensure Staff have an up-to-date awareness of other local provision, both statutory and voluntary/community provided and must signpost to/connect individuals with further sources of support, either nationally or locally to support their resilience, where relevant. The Service must work to integrate the Service with other mental health services (and associated health and care services) within the county to ensure joined up care pathways for Service Users who require onward referral for further formal or specialist support.

4.11 Support must be available 7 days a week and include daytime, evening and weekend hours. The opening hours must be clearly promoted, and the Service will need to ensure appropriate signposting information is provided during the hours when the helpline is closed and support is not available, including on the website, auto-reply to emails (if being used), text messages, in a recorded answerphone message, etc.

4.12 The Provider must take steps to ensure the anonymity of Service Users where requested. Where demographic data is collected on Service Users for the purpose of either monitoring uptake or registration, steps should be taken to ensure Service Users cannot be identified.

**5. Service Levels**

5.1 The Service must provide a minimum of X (to be completed following contract award) direct delivery hours per month. Direct delivery hours are defined as hours the Service is directly delivering support to Service Users, i.e. hours the Service is actively in contact with, or able to be contacted by, Service Users and respond in real time. This does not include hours where there is no active, or ability for, staff involvement with Service Users, for example completing internal data recording, or times when the Service may be closed.

5.2 The Service must make efforts to maximise time available for Service Users to access the Service as well as the number of individuals in contact with the Service. Upon review with the Council, the Provider may be expected to manage the length of individual interactions with Service Users to ensure sufficient capacity within the Service to respond to incoming requests for support.

5.3 The Service is intended to provide brief interventions and is not intended to provide ongoing mental health support where primary, secondary or crisis care would be appropriate. As such, a maximum contact length (where communication is synchronous[[1]](#footnote-2)) of 30 minutes is suggested. Where communication is a-synchronous[[2]](#footnote-3), communication should not exceed 3 consecutive days. The Provider will be expected to undertake necessary actions to support Service Users who might be reaching these suggested limits. These suggested contact lengths will be kept under regular review with the Council.

5.4 Where demand for the helpline is low, the Provider must be able flex/reallocate resource to scale up promotional and outreach efforts, to ensure maximum use of available resource, manage demand and to increase benefits realisation.

5.5 At a minimum, the self-care resources must be available online 24 hours a day, 7 days a week.

**6. Monitoring and Reporting Requirements**

6.1 The Provider must submit monthly for the first three months and then quarterly activity reports by encrypted email including performance across the following Key Performance Indicators:

|  |  |
| --- | --- |
| **Key Performance Indicator** | **Indicative Target**  (to be agreed with Provider upon contract award) |
| 1. Number of direct delivery hours available | X (to be completed post contract award) |
| 1. Number of direct delivery hours utilised | 80% |
| 1. Number of total contacts (broken down by contact method and caller type) | Year 1: minimum 3,500  Year 2 and onwards: to be discussed and agreed at previous year end. |
| 1. Number of unique Service Users\* (broken down by contact method) | Year 1: minimum 300 per quarter  Year 2 and onwards: to be discussed and agreed at previous year end. |
| 1. Demographics of Service Users\* to include (if provided by Service Users): gender (including non-binary), age, ethnicity, sexual orientation, presence of disability, district of residence. | No target |
| 1. Presenting issues | No target |
| 1. Collated impact on individual wellbeing outcomes using an agreed outcome measure | Improvement in scores for 80% of those completing the measure |
| 1. Number of hits to the Service website | Increasing over duration of contract |
| 1. Number of interactions with social media profile(s) | Increasing over duration of contract |
| 1. Promotional, awareness raising, outreach and networking activity (for example presenting at meetings, sending promotional information to community venues, including targeted to both professionals and potential service users.   *(The Council may request a proportion of the activities specified should be targeted to minority groups and those at higher risk of poor mental wellbeing).* | 1. For professionals: Minimum 4 activities per year 2. For potential Service Users: this will be ongoing activity |
| 1. Large scale promotional campaigns (for example using communications channels) to raise awareness of the Service and support available to facilitate the promotional activity listed in section 11.5.   *(The Council may request a proportion of the activities specified should be targeted to minority groups and those at higher risk of poor mental wellbeing).* | 2 per year |
| 1. Average and overall contact lengths for synchronous1 communication | Max contact length 30 minutes |
| 1. Average and overall contact lengths for a-synchronous2 communication | Max contact length 3 days |
| 1. Anonymised Service User feedback on their experience of using the Service and whether they’d recommend the Service to their friends, family or others | 1. Service User feedback invited for a minimum of 50% of individuals using the service\*. 2. At least 2 anonymised case studies including feedback to be reported quarterly. |
| 1. Safeguarding incidents or concerns; to include number of Service Users presenting with safeguarding concerns and actions taken | No target |
| 1. Number and nature of risk assessments completed for Service Users | No target |
| 1. Any compliments received | No target |
| 1. How Service Users heard about the Service | No target |
| 1. Signposting and onward referral routes | No target |
| 1. Collated information regarding what Service Users would have done had they not contacted the Service, demonstrating diversion from Tier 2 or above mental health services | Collected for at least 50% of individuals\* |
| 1. Utilisation of service across opening hours | No target |
| 1. Number of contacts unable to be answered/ contact efforts lost, broken down by contact method | No target |
| 1. Self-care tools and resources | A wide, increasing range of tools available, which are representative/appropriate for diverse characteristics of Gloucestershire residents.  Available 24 hours, 7 days a week |
| 1. Achievement of Helplines Standard[[3]](#footnote-4) certification (or equivalent) | Achieved within 12 months of service commencement |

\* Please note that although the Provider may request personal information from Service Users in order to collect and report the data described above, the Service must allow Service Users to remain anonymous if they wish, and any personal data should only be collected if the Service User provides consent, and at an appropriate time during the contact. The Council therefore acknowledges that this means the specified information will not be possible to collect in some cases.

6.2 The Provider must attend monthly for the first three months and then quarterly contract monitoring meetings with the Council (either virtually or in-person).

6.3 The Provider must, where possible, invite Service Users to provide feedback on the Service to include at a minimum, feedback on: service accessibility; the support provided, and whether they would recommend the service.

**7. Safety and Governance Arrangements**

7.1 The Provider must have:

* a robust clinical governance process;
* a risk assessment process to assess Service Users level of presenting risk and an accompanying risk management process;
* a policy and process for dealing with safeguarding concerns which aligns with the requirements of the Gloucestershire Multi-Agency Adult Safeguarding policy, and statutory requirements;
* a policy for dealing with complaints and the management of serious incidents;
* information management and handling processes which are fully GDPR compliant and comply with the Council’s Information Management and ICT requirements.

7.2 The Provider must offer limited confidentiality, where confidentiality will be broken where there is a serious risk to life or safety, specifically if the Service User discloses an imminent intent to make a suicide attempt or cause serious harm or injury to themselves. This must be clearly explained to Service Users and available in an accessible Privacy Notice on the Provider’s platform.

7.3 In the case of breaking confidentiality, the Provider will have an internal safeguarding procedure which all staff are aware of, setting out the steps the staff should take. This should include:

* contacting emergency services with the consent of the Service User
* contacting emergency services without the consent of the Service User
* requesting a trace of the contact from the police

7.4 Any safeguarding or serious incidents must be reported to the Council as soon as possible, at a minimum within 2 working days.

**8. Provider Accreditations and Staffing Standards**

8.1 The Provider must ensure that all Staff have appropriate qualifications, experience, training (including trauma-informed), and supervision to enable them to deliver the Service safely and to a consistently high standard.

8.2 The Provider must ensure that all Staff and volunteers are trained in awareness of and how to support emergent mental health concerns, self-harm, and suicide prevention, as well as person centred listening and/or counselling skills. Staff must also receive training on how to provide remote support which includes vocal inflection and choice of language. Staff must also be aware and appropriately trained on the determinants of mental wellbeing and how this may differ according to age, gender, culture and circumstance, and display a good level of cultural competence.

8.3 Staff training will be to a standard approved by the Helplines Standard3, or an equivalent UK helpline standard the Provider can demonstrate is of equivalent standard.

8.4 All Staff must have an up-to-date DBS check.

8.5 All Staff must have access to regular supervision with senior Staff for de-briefing and advice (or be able to access external supervision). The Provider must have arrangements must be in place to support the wellbeing and mental health of Staff.

8.6 The Provider must hold the Helplines Standard3 certification (or equivalent) or be working towards certification within first 12 months of Service commencement.

8.7 The Service will be required to become a member of the Gloucestershire Suicide Prevention Partnership[[4]](#footnote-5) (led by Gloucestershire Public Health) and support its activities to reduce suicide across the county.

8.8 The Service must have the following HR policies and procedures: Staff and Volunteer Recruitment and Retention, Staff and Volunteer Health and Safety, Safe Working including lone working, Equality and Diversity. These policies must be made available to the Council upon request.

**9. Evaluation and Outcomes**

9.1 The Provider must:

* provide all Service Users with the opportunity to provide feedback on their experience of using the Service; whether it met their needs and whether they would recommend the Service
* demonstrate a commitment to continuous improvement
* measure (where appropriate and acceptable to the Service User) outcomes with respect to wellbeing and mental health using an agreed outcomes tool
* include Service Users’ experiences, thoughts and opinions on any proposed developments to the Service.

9.2 The Provider must be able to demonstrate the impact of the Service, at population level, using an appropriate Social Return on Investment tool or similar.

**10. Payments and Price**

10.1 The annual price of the Service will be £200,000, exclusive of VAT. (exact price to be completed upon contract award).

10.2 Payment will be made to the Provider in monthly/quarterly (upon agreement with Provider) instalments in arrears upon receipt of a valid invoice from the Provider.

**11. Brand Identity and Service Promotion**

11.1 The Service will have its own unique brand identity and, in partnership with the Council, the Provider will design a name and logo, which will be used in all promotional materials. The Council will own the Intellectual Property Rights to all branding, logos, materials and associated items as detailed in the Terms and Conditions of the Service.

11.2 The Provider will create a website (which must include a translation facility), using this unique brand identity, to enable Service Users to access:

* information about the Service (including type of support offered, methods of contact, opening hours etc.)
* signposting information for Service Users requiring support when the Service is closed
* signposting information to other sources of support (local and national)
* online self-care tools and resources

11.3 Any images, information and language used on the website and promotional materials will need to be reflect the diversity of individuals and communities within the county, including cultural, religious, sex, racial, gender, socioeconomic, ability, etc.

11.4 The Provider must develop promotional and signposting materials for the Service (subject to written approval by the Council).

11.5 The Provider must promote the Service, on an ongoing basis, to the following groups:

* individuals who may or may not typically consider themselves as needing support for mental wellbeing but are experiencing symptoms/emergent issues related to the determinants of mental health, who could benefit from a low level, early intervention to promote their wellbeing and enhance resilience, preventing the likelihood of problems worsening.
* individuals who are at higher risk of poor mental wellbeing (including but not limited to: individuals from black and minority ethnic groups, men, LGBTQ+ individuals, those with disabilities or physical health conditions, those experiencing isolation and/or loneliness, older adults, and frontline workers. (Please note this list is not exhaustive and will be under ongoing review between the Council and the Provider).
* individuals considering or actually self-harming, including their family, friends, carers, and professional who may be supporting them.
* those who are experiencing low mood, anxiety, and depression (with specific messaging to those with undiagnosed conditions or who have not yet sought medical advice).
* those who are experiencing suicidal thoughts and feelings.
* those who are experiencing stress.
* individuals that might contact the Service for information or advice regarding someone they support or care about (including in a professional capacity).
* local and national organisations who might signpost to the Service and/or provide support which may be accessed by Service Users.
* other stakeholders, interested parties and community groups etc. The Council will work with the Provider regarding who the Provider can liaise with.

11.6 In collaboration with the Council, the Provider will design and deliver a minimum of 2 large scale promotional campaigns, using communications channels, to raise awareness of the Service and support available to facilitate the promotional activity above, as specified in Section 6.1, k, per year. The Council may request a proportion of the activities specified should be targeted to minority groups and those at higher risk of poor mental wellbeing.

11.7 The Provider will monitor Service utilisation by demographic characteristics, where these are provided, and tailor promotional and outreach activity to drive up uptake from certain demographic groups where uptake is lowest and where risk of poor mental health is high. Outreach efforts refers to targeted promotion of the Service to and engagement with certain demographic groups in order to drive up usage of the Service by that group. This may, in some cases, include some face-to-face engagement with particular groups. The Provider will be expected to work with the Council to agree the focus of targeted promotion/outreach efforts.

11.8 The Provider will ensure that the key messages used when promoting the Service are that:

* it is confidential and Service Users can remain anonymous should they wish to (unless there is safeguarding risk)
* it provides remote mental wellbeing support including support for self-harm
* it is a safe, supportive, non-judgmental, and informative space
* it can be accessed by family, friends, carers, and professionals who support others

11. 9 The Provider will be required to engage with key partners and stakeholders, including (but not limited to) NHS, GPs, Community Wellbeing Service, Social Prescribers, voluntary sector organisations and community groups to raise awareness of the Service, how support is accessed and provided etc. The Council will advise the Provider on which partners and stakeholders to engage with and this engagement can be either in person or virtually (i.e. webinars). The Provider will be required to design the content of these engagement sessions and deliver at least 4 stakeholder engagement sessions per year, as identified at Section 6.1,j.

11.10 Any promotional campaign and communications activity must be agreed by The Council.

11.11 The Provider must:

* ensure that all information provided to Service Users is evidence based and accurate.
* not use the Council’s name or the existence of this Contract or its subject matter in any publicity materials or advertising without the prior written consent of the Council.
* ensure that any use of the Council’s logo is approved by the Council’s Communications team
* obtain written approval in advance from the Council for any press releases produced for local media sources.
* not undertake any activity which will bring the reputation of the Council into disrepute.
* obtain prior written approval from the Council for any resources and marketing materials produced by the Provider.
* work with the Council to agree how information will be communicated via digital and other media channels.

**12. Equality Diversity and Inclusion**

12.1 In line with the contractual Terms and Conditions, the Provider will be required to deliver the Service in accordance with the Equalities Act 2010, giving due regard to the need to eliminate discrimination and advance equality. The Service should be accessible to all irrespective of the presence of a Protected Characteristic (as defined in the Equalities Act 2010).

12.2 The Service must have an understanding of issues that might affect certain protected characteristic groups which may have an impact on the use or experience of a service such as this, and adjust the Service provided appropriately to ensure it is delivered to a high standard for all. The Council will work with the Provider to share Equality Impact considerations.

12.3 Where possible, the Service will take reasonable steps to:

* offer cultural and religious competence in provision; matching individual members of staff who offer culturally or religiously similar perspectives to Service Users where there is an identified need.
* access interpretation services where this is necessary to provide support to individuals whose first language is not English.

**13. Mobilisation and Implementation**

13.1 The Provider must mobilise following contract award and commence Service provision from 1st April 2023. It is expected that there will be no gap in service between the existing incumbent services ending and this Service commencing.

13.2 The Provider must work cooperatively with incumbent services to fulfil exit planning procedures and transition into this Service. This includes (but is not limited to) managing any transition of staff under TUPE into this Service and supporting the signposting and clear messaging to Service Users about the support available from this Service.

# **Appendix 1 – Demand Profile**

**Brief Description of Incumbent Remote Access Services**

**Self-Harm Helpline**

Gloucestershire Self Harm Helpline provides a safe, supportive, non-judgmental and informative space for people who self-harm, their friends, families and carers. The service also speaks to professionals who may want to know more about self-harm. The service is able to support anyone living within Gloucestershire, and the service can be contacted by telephone, text or webchat during our opening hours, every day 5pm to 10pm.

**Qwell**

Safe and pseudonymous online mental wellbeing support for adults in Gloucestershire. The support provided includes online messaging with professionals, booked and drop-in chats, therapeutic content available, online community support including moderated peer forums and access to personal development tools.

**Activity Levels of Incumbent Remote Access Services**

**Self-Harm Helpline**

The above graph shows the total number of engagements by Service Users accessing support from the Self-Harm Helpline.

**Qwell**

The above graph shows the total number of engagements by Service Users accessing support from the Qwell online platform.

# **Appendix 2 – Mental Health Pathway in Gloucestershire**

NB a person’s journey through this pathway is not always linear and a person may access one or multiple of these interventions at any one time.

1. Occurring at the same time [↑](#footnote-ref-2)
2. Not occurring at the same time and responses arrive later [↑](#footnote-ref-3)
3. <https://www.helplines.org/helplines-standard/what-is-the-helplines-standard/> [↑](#footnote-ref-4)
4. <https://www.gloucestershire.gov.uk/suicide-prevention> [↑](#footnote-ref-5)