



REPORT TITLE: Procurement of a mental wellbeing helpline for adults, incorporating support for self-harm.

Cabinet Date	21 September 2022
Cabinet Member	Cllr Nick Housden, Cabinet Member for Public Health and Communities
Key Decision	Yes
Purpose of Report	To seek approval to conduct a competitive procurement process for the purpose of awarding a contract for the provision of a mental wellbeing helpline for adults, which will incorporate support for self-harm.
Recommendations	<p>That Cabinet delegates authority to the Director of Public Health in consultation with the Cabinet Member for Public Health and Communities to:</p> <ol style="list-style-type: none">1. conduct a competitive procurement process in respect of a contract for the supply of a mental wellbeing helpline for adults, incorporating support for self-harm. The proposed contract shall continue for an initial period of 3 years and include options to extend its term for two further periods of up to 2 years on each of its third and fifth anniversaries;2. award such contract to the preferred tenderer;3. determine whether to exercise the option to extend the term of such contract for a further period of not more than 2 years on the expiry of the initial 3-year term;4. determine whether to exercise the option to extend the term of such contract again for a further period of not more than 2 years on its fifth anniversary.

<p>Reasons for Recommendations</p>	<p>The provision of a mental wellbeing helpline for adults will help meet a gap in the provision of open access, early intervention mental health support in the county. Additional funding was approved in the Council budget for this purpose.</p> <p>Feedback received from the council’s public consultation on this matter has indicated a high level of support for the proposed service model, including the option of providing support for adults who self-harm via the helpline. This presents an opportunity to integrate the current self-harm helpline support we provide via a separate contract into the proposed new helpline service contract to which this Report relates thereby providing an enhanced, combined service offer. On this basis, the current Council funded standalone Self-Harm Helpline (SHHL) contract will not be recommissioned when it ends on the 31st March 2023, but rather its specification shall instead be incorporated into the new, broader service specification of the proposed new contract.</p> <p>Pursuant to an Officer decision (dated 14th April 2022), support for children who are self-harming will be available from the Council funded TIC+Chat helpline alongside wider support for young people’s overall mental health and emotional wellbeing.</p>
<p>Resource Implications</p>	<p>The proposed 7-year contract for the adult mental wellbeing helpline (if the council elects to exercise both of its 2-year extension options) will have a total maximum value of c.£1.4m. This is based on a budget of up to £200K per annum.</p> <p>The proposed new helpline contract will be funded from a share of the additional MTFs funding agreed by full Council in February 2022 and funding from the Self Harm Helpline budget (SHHL).</p>

<p>Background Documents</p>	<p>Commissioning of additional mental health services for adults, and children and young people during the Covid-19 outbreak, Individual Cabinet Member Decision Report, dated 24th April 2020. https://glostext.gloucestershire.gov.uk/ieDecisionDetails.aspx?ID=1473</p> <p>Commissioning of additional mental health services for adults, and children and young people during the Covid-19 outbreak, Executive Officer Decision Report, dated 18th May 2020. https://glostext.gloucestershire.gov.uk/ieDecisionDetails.aspx?ID=1480</p> <p>Interim recommissioning plans for early intervention mental health services for adults, and children and young people, Officer Decision Paper, dated 10th December 2021 (re-signed 15th February 2022 following an amendment to the resource implications).</p> <p>Contract Award for the provision of early intervention, open access mental health support for adults aged 18 plus, Executive Officer Decision, dated 13th April 2022.</p> <p>Continuation of the Section 76 funding arrangement for the TIC+Chat mental health helpline for young people aged 9-21 years, Executive Officer Decision Report, dated 14th April 2022.</p> <p>Consultation in respect of plans to commission early intervention mental health services (including a Self-Harm Helpline) for over 18s, Individual Cabinet Member decision, dated 16th May 2022.</p>
<p>Statutory Authority</p>	
<p>Divisional Councillor(s)</p>	
<p>Officer</p>	<p>Any representations should be sent to:</p> <p>Name: Claire Procter Tel. no: 01452 328603 Email: Claire.procter@gloucestershire.gov.uk</p>

Timeline	Decision to be taken at September Cabinet to enable the competitive procurement process to commence in October 2022 with a view to the new contract commencing on 1 st April 2023.
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Background

The need for mental health support

1. The promotion of good mental health and wellbeing is a priority in the Gloucestershire Health and Wellbeing Strategy (2020-2030). Good mental health is associated with positive outcomes for an individual's physical health, their opportunities in life, and the wider wellbeing of our local communities and economy. Mental health issues are often cause and consequence of other vulnerabilities in people's lives; and individuals on lower incomes, those living with illness and disability, and Carers are often at higher risk; as well as those from protected characteristic groups.

2. Pre-pandemic, national research indicated that 1 in 4 adults and 1 in 6 children were likely to experience mental health issues. Evidence suggests that mental health has worsened through the pandemic with the Office of National Statistics reporting an increase in the proportion of adults experiencing depressive symptoms. Modelling also projects an increase in the need for mental health support locally arising from the pandemic. Indeed, existing mental health services in the county are, in some cases, reporting increased demand and longer wait times for individuals to access care.

3. To help respond to the impact of the pandemic, in Spring 2020 the Council commissioned a number of temporary mental health services for adults and children and young people. The contracts for the temporary services ended in Spring 2022; and new recurrent MTFs funding of £280K per annum was subsequently approved in the 22/23 Council budget for the purpose of recommissioning equivalent mental health support to meet ongoing need. The funding will enable the support put in place through the pandemic to continue on a longer-term basis and increase capacity in the system to respond to local need.

4. While the county already has a range of commissioned mental health services in place, the funding will help meet an identified gap in the provision of early intervention mental health support which can be accessed anonymously on an open access basis without the need for a referral or appointment. Our commissioning proposals for the new funding (as detailed in this Report) are designed to address this gap.

Commissioning proposals

5. Pursuant to an Executive Officer decision (dated 14th April 2022), a tranche of the new funding has already been invested in the TIC+Chat helpline via a Section 76 Agreement with the former Gloucestershire Clinical Commissioning Group (now Integrated Care Board). The helpline provides anonymous, open access ('drop in') support via phone or webchat for young people aged 9-25 years struggling with their mental wellbeing and for self-harm. Between April 2021 and end March 2022, the service delivered 899 contacts to 476 young people: the

majority presenting with emotional/psychological issues such as anxiety, stress and self-harm. Users of TIC+Chat report feeling listened to and supported.

6. The current Section 76 funding arrangement for TIC+Chat will remain in place up to March 31st 2024, with a review point in March 2023.

7. It is proposed to invest the remainder of the new MTFs funding in open access, early intervention mental health support for adults (aged 18 plus). As an interim measure, the funding for adults has been initially invested in an 11-month contract with Kooth Digital Health (selected through a competitive procurement process) for the provision of Qwell - an online open access counselling service for adults (pursuant to an Officer decision dated 13th April 2022). This short-term award has secured continuity of support for adults (following the end of the temporary contracts awarded through the pandemic) and has maintained the benefits of an open access support offer while Officers develop the council's longer term commissioning plans (as set out in this paper).

8. Usage of the Qwell services demonstrates the ongoing need for this type of early intervention support by Gloucestershire adults. The site has 2340 registered users (as of end June 2022) and receives on average over 1,200 logins a month. Users are typically accessing a mix of online counselling and self-help resources. The main presenting issues include anxiety/stress, depression, self-worth, and suicidal thoughts. The current Qwell contract will end in March 2023 and subject to agreement of the recommendations in this paper, it is proposed that the new longer-term service for adults will commence on the 1st April 2023.

9. To support the development of our commissioning proposals for the new adult service, a review of recent local research, insight and previously completed engagement on mental health issues was carried out. This was supplemented with further engagement with stakeholders and partners to understand local priorities for mental health support. The findings are provided in the Consultation Report attached as an appendix to this report.

10. As our proposed commissioning intentions involve a change in how users access support, a 6-week public consultation was also carried out in June and July 2022 (pursuant to an Individual Cabinet Member decision, dated 16th May 2022). Drawing on the engagement work, views were sought on the option of commissioning a 'mental wellbeing helpline' for adults to provide early intervention support for individuals experiencing issues with their emotional wellbeing such as anxiety and low mood.

11. The Council already commissions a similar stand-alone anonymous helpline for people seeking support with self-harm and their friends and carers. Self-harm, which may involve cutting or self-poisoning, is often used by people as a coping mechanism for emotional distress and can be a risk factor for suicide.

12. The Gloucestershire Self-Harm Helpline (SHHL) which was established in 2010 delivers support over the phone, text and webchat and received over 3,500 contacts in 21/22. It should be noted that the number of contacts does not equate to unique individuals as one individual may contact the service on repeat occasions, and as an anonymous service, it is not possible to count individual users. The service is designed to support individuals to stay safe through taking positive action to manage their distress, safety planning and the provision of coping strategies. Outcome data for the service shows that users report improvements in mood/wellbeing after contacting the helpline.

13. The current contract for the SHHL ends on 31st March 2023; and the consultation also sought views on the option to integrate support for self-harm into the new mental wellbeing helpline to provide a single support offer when the current standalone self-harm offer ends. This would mean that people who are self-harming (and their parents/carers or professionals supporting them) could receive support for their self-harm alongside wider support for their overall emotional wellbeing as part of an integrated service.

Feedback from the public consultation

14. The consultation was carried out in line with the Council's Consultation Protocol and was intended to ensure that service users were involved in any service changes early to take account of their views and anticipate any potential problems and opportunities.

15. The consultation consisted of an anonymous survey available online, in hard copy and as an 'easy read' version. It was promoted via a number of channels, including a press release to local media outlets and targeted social media adverts; and distributed via a range of local organisations and stakeholder groups. There was a specific focus on gathering feedback from groups experiencing inequalities or those likely to be at higher risk of poor mental health, as well as those with protected characteristics. The current provider of the SHHL also promoted the survey to users.

16. A total of 569 individuals responded to the survey. 47% responded in a personal capacity as someone who might use a mental wellbeing helpline or had done so in the past; 29% responded in a professional capacity and a further 24% responded as a friend/relative or colleague.

- 92% of respondents (517 people out of 563 responses to this question) agreed or strongly agreed with the proposal to provide support for general mental wellbeing issues, alongside support for self-harm, as part of an expanded helpline for adults. 4% either strongly disagreed or disagreed with the proposal (23 people out of 563 responses), and 4% had no opinion either way.
- Of those who had previously sought support specifically for self-harm or would consider doing so, 86% confirmed they would be happy accessing support for self-harm from a

helpline providing support for self-harm alongside wider support for other mental wellbeing issues (257 people out of 300 people who had previously sought for self-harm or considered doing so).

17. There was also strong support for the option of accessing support anonymously, and on an open access basis without the need for a referral or appointment (92% and 96% agreeing or strongly agreeing respectively). The main reasons respondents gave for wanting to access support from a mental wellbeing helpline were anxiety/depression, stress, concern about someone they care about, and seeking guidance on what support is available. The need for support with suicidal thoughts or feelings was also indicated by respondents.

18. A small percentage of respondents (4% equivalent to 23 people out of 563 responses to this question) disagreed with the proposal to integrate support for self-harm into a wider mental wellbeing helpline and provided narrative feedback. The main issue raised was concern over a reduction in the dedicated targeted support for self-harm provided via the current Self-Harm Helpline if support for self-harm is provided alongside wider mental wellbeing support. Some respondents also emphasised that helpline support cannot be a substitute for face-to-face provision. These concerns will be taken into account in the design and promotion of the new service.

19. The consultation collected information on the demographics and protected characteristics of respondents and sought views on any specific equality considerations. This has informed the Equality Impact Assessment.

Feedback from the market engagement

20. Alongside the public consultation, Lead Cabinet Member approval was also given to carry out a market testing exercise (via Pro-Contract) to enable commissioners to better understand the provider market for this type of service. A total of 6 providers responded to the market questionnaire; and the feedback has informed the recommended helpline service model, and budget envelope.

Planned procurement and service model

21. Analysis of the feedback from the public consultation indicates a high level of support for the proposals, including the option of integrating support for self-harm into a single mental wellbeing helpline for adults. On this basis, approval is sought to carry out a competitive procurement process in line with the Public Contract Regulations 2015 for the purpose of awarding a contract for the supply of a 'mental wellbeing helpline' for adults in the county which will incorporate support for self-harm.

22. The Gloucestershire landscape of mental health service provision is likely to evolve over the next three years with the Integrated Care Board's implementation of the Community Mental Health Transformation programme. It is therefore important that the Council's commissioning plans for public mental health can also develop to reflect and keep pace with wider changes. On this basis, the proposed helpline contract will have an initial term of 3 years, with two 2-year extension options. The proposed contract term and the inclusion of 2 'break points' is intended to provide sufficient time for the service to embed and establish its client base; while also giving the Council flexibility to review the service.

23. If the proposals are approved, it is intended to commence the procurement process in respect of the new helpline in the autumn of 2022, with a view to the new service being in place from 1st April 2023.

24. The proposed helpline service will provide early intervention support (i.e. support when someone's mental health and wellbeing issues are in their early stages) and will be targeted at individuals experiencing mild-moderate symptoms, such as anxiety and stress, loneliness, and suicidal feelings. The service will also provide advice to Carers and friends/family.

25. The proposed helpline service will also be required to provide support and advice to those seeking support with self-harm. Given points raised in the consultation feedback, steps will be taken to ensure that staff have specific skills and knowledge in this area equivalent to the standards required by the current Self-Harm Helpline (SHHL). While the service is not intended to act as a 'crisis' helpline for people with more severe mental health needs; self-harm is a risk factor for suicide and experience from delivering the SHHL indicates that the service is likely to be contacted by people in heightened emotional distress. Staff will be trained to safely risk assess such individuals, support de-escalation, and refer on to appropriate support.

26. The service model will include the following and takes into account the feedback from the consultation:

- a requirement to provide 'helpline' support on an open access 'drop in' basis without the need for a referral or an appointment.
- the ability for users to access support through a variety of methods (e.g. phone, text, webchat) so as not to exclude those without internet access and to provide choice.
- the ability for users to access support on an anonymous/pseudonymised basis.
- the provision of emotional and practical support, information on local services and/or a 'listening ear'.
- the promotion of coping strategies, safety planning and advice on self-management/self-care.
- out of hours access over evenings and weekends.
- signposting information to sources of community-based support and other mental health services in the county.

- the provision of targeted outreach, service promotion and information sessions to Gloucestershire communities, VCS organisations and relevant professional groups to help promote the service, increase awareness and understanding of self-harm and mental health, and reduce stigma/barriers to seeking help.

27. The service would not be required to provide face to face support (as this is already available from other services in the county, most notably the NHS Let's Talk service).

28. Given the vulnerability of the client group, the appointed service provider will be required to risk assess service users at every contact with the service and escalate if required in line with local safeguarding policies and procedures. Service users presenting with moderate to severe mental health issues will be referred/signposted to appropriate specialist support in the county.

29. The appointed service provider will work closely with existing commissioned mental health services in the county and other providers of primary, secondary and community-based support. The service will also be expected to signpost to other relevant organisations in the county to help with wider issues which users may present with, such as concerns over finance, debt, bereavement, or employment.

30. The appointed service provider will also be required to proactively market the service through targeted outreach and information sessions, with a specific focus on engaging those likely to be at higher risk of poor mental health, including, but not limited to those from minority ethnic groups, men, LGBTQ+ individuals, and those with disabilities or physical health conditions.

31. The provider will be set targets for the number of contacts to the service. We anticipate that the service will offer an estimated minimum of 6,000 contacts to the helpline per annum (once fully established), across the Gloucestershire adult population. Targets for ensuring support is reached by minority groups and those at higher risk of poor mental wellbeing will be set within this. (Note: the estimated number of contacts will not equate to individual users as some people will contact the service on multiple occasions).

32. Commissioners will work with the outgoing providers of the Qwell service and the Self-Harm Helpline and the incoming provider to ensure existing service users are supported through the transition to the new service.

Intended outcomes

33. The new service will improve the range and accessibility of early intervention mental health support available in the county and as noted will work alongside existing more specialist mental health support (commissioned by the Integrated Care Board) to ensure a joined-up care pathway. It is expected to 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
- increasing accessibility of early intervention and preventative mental support with a view to reducing the need for specialist mental health support or crisis care.

34. It is difficult to fully quantify the avoidance of poor mental health and the attendant individual and socio-economic benefits from the service (particularly where support is accessed on an anonymous basis), however, performance and evaluation data will seek to measure:

- contacts to the service, with a focus on understanding reach and uptake from groups at higher risk of poor mental health.
- improvements in mental wellbeing among service users using validated measures; and
- where possible, diversion from other services.

We will also continue to monitor population level data on mental health to understand the wider picture of local need and the demand for services.

35. While there are existing national helplines offering open access support for mental health, such as the Samaritans, there are the following distinct benefits in commissioning a local Gloucestershire specific service which have also been flagged through engagement:

- The proposed Gloucestershire helpline will be embedded within local mental health pathways and work alongside the county's other mental health services as a complementary service. The provider will be able to use local insight to signpost and/or refer users to other sources of locally based specialist and community support to ensure a holistic offer.
- If safeguarding concerns or a 'high risk' to life are flagged, appropriate county authorities can be alerted.
- Local intelligence can also be used to target the service to best meet local need. The service will also generate data and insight to inform future commissioning.
- The provider will carry out targeted local outreach and promotion of the service to individuals and communities at higher risk of poor mental health.

Integration of the support provided by the Self-Harm Helpline into the new mental wellbeing helpline

36. As noted, support for self-harm will be integrated into the new helpline and the current Council funded standalone Self-Harm Helpline (SHHL) contract will not be recommissioned when it ends on the 31st March 2023. Given the vulnerability of the client group, we will work closely with the outgoing SHHL provider and the new helpline provider to ensure a managed transition to the new service for current users of the SHHL.

37. The current SHHL is an all-age service; however, the proposed new integrated service would be for over 18s only.

38. Support for self-harm will still be available for under 18s when the contract for the current SHHL ends. Children and young people wanting anonymous, 'drop in' support for self-harm will be signposted to the Council funded TIC+Chat helpline. TIC+ Chat already has trained staff to support young people with self-harm and c.12% of their current contacts are already for self-harm. Historically the number of contacts from under 18s to the self-harm helpline (where age was provided) has been very low (5% in 19/20 and 4.5% in 20/21) which suggests that young people are already accessing other support options in the county.

39. Human Resources have confirmed that there will be TUPE implications with respect to current staff employed by the SHHL and this will be considered as part of the procurement process.

Options

40. The following options have been considered:

- a. Not to commission a mental wellbeing helpline for adults when the current short-term contract with Qwell ends in March 2023 and signpost to national helplines as an alternative.

This option was rejected on the basis that funding has been approved by full Council specifically for the purpose of commissioning early intervention mental health support. Failure to commission such support on a longer-term basis would remove a key source of open access, early intervention support for adults experiencing issues with their mental health and risks increasing pressures in the wider mental health system.

As detailed above, there are distinct advantages from commissioning a local helpline compared to relying on national mental health helplines, including the ability to embed within local care pathways, provide tailored support and signposting, and generate local intelligence.

- b. Commission a new mental wellbeing helpline for adults from 1st April 2023 and also recommission a separate stand-alone helpline providing support with self-harm when the contract with the current provider of the Self-Harm Helpline ends on 31st March 2023.

This option was assessed and rejected on the basis that:

- The public consultation has indicated strong support for the proposal that people should be able to access self-harm support alongside support for their wider mental health and wellbeing thereby supporting the benefits of an integrated helpline offer.

- It would represent duplication of provision and would not be an efficient use of Council resource.

c. Not to recommission the standalone Self-Harm Helpline at the end of the current contract term (31st March 2023) and instead commission an integrated mental wellbeing helpline for adults which incorporates support for those who are self-harming.

This is the recommended option for the reasons set out in this paper:

- It responds to an identified gap in provision in Gloucestershire with respect to open access, early intervention support for mental health support which can be accessed on an anonymous basis without a referral or an appointment.
- It is supported by feedback obtained via the public consultation.
- The new helpline will be required to employ staff with skills and experience in supporting individuals who self-harm equivalent to those required from the current SHHL.
- While the new service will provide support for over 18s; children and young people will be able to access 'open access' support for mental wellbeing and self-harm from the Council funded TIC+Chat helpline.

Risks

Risk of challenge to the commissioning proposals, specifically the decision not to proceed with a separate standalone Self Harm Helpline– MANAGED RISK

41. Support for self-harm will be available from the new adult service and the TIC+Chat helpline for children and young people. As such support is not being removed. It is only the access route which will change.

42. Risk of challenge to the recommendations has been mitigated through the completion of a public consultation to take account of views on the proposed changes/developments. The SHHL is an anonymous service and as such we were not able to contact users individually to seek their views; however, the consultation was widely promoted via the current provider. 54% of respondents to the survey had previously sought help for self-harm or considered doing so, and of these 86% agreed or strongly agreed that they would be happy accessing support for self-harm from a helpline providing support for self-harm alongside wider support for mental wellbeing.

Risk of challenge to the procurement process- LOW

43. The procurement process will be fully compliant with the Public Contracts Regulations 2015 and as such risk of challenge is low.

Financial implications

44. The 7-year contract for the adult mental wellbeing helpline (inclusive of the extension options) will have a total maximum value of c.£1.4m. This is based on a maximum budget per annum of up to £200K.

45. The new helpline will be funded from a share of the additional MTFS funding agreed by full Council in February 2022 and funding from the Self-Harm Helpline (SHHL) budget. The annual budget for the SHHL is £92K which is funded by the Public Health grant.

Climate change implications

46. Early advice has been received on the climate change implications of our proposed service model. This indicated that the impact of remote 'helpline' provision (i.e. delivered by phone, web or text-chat) would be low. We will continue to liaise with Climate Change leads at the council as we develop the service specification and build consideration of environmental impacts into our approach to social value.

Equality implications

Has an Equalities Impact Assessment (EIA) been completed? Yes

47. An EIA has been completed and incorporates insight from the consultation. The EIA did not identify any adverse impacts for individuals from a protected characteristic group arising from the proposal to commission a new mental wellbeing helpline. Rather the new service should improve the accessibility of support; and our service model and the service requirements will require the provider to deliver inclusive support which meets diverse needs.

48. Groups with a protected characteristic may be at particular risk of poor mental health and some groups may also experience greater stigma or barriers to seeking help. Building on learning from the consultation and engagement, we will require the provider to be culturally competent, and consider how we can best target the promotion of the service to help reduce stigma and barriers to seeking help with a particular focus on protected characteristic groups. Consideration will also be given to how we address language barriers.

49. Cabinet Members should read and consider the Equalities Impact Assessment in order to satisfy themselves as decision makers that due regard has been given.

Data Protection Impact Assessment (DPIA) implications

50. It is intended that this service processes only anonymous/pseudonymous personal data however based on the outcome of the Data Protection Impact Assessment (DPIA) Checklist, it has been recognised that a DPIA is required due to the level of predicted service users, and the special category data that may be collected. This will be completed prior to any further

procurement exercise to ensure that due consideration is given to Data Protection throughout the commissioning of the new service.

51. A Privacy Notice will be required from the provider of the service, to ensure that service users are given full transparency on what personal data will be collected, and how they can exercise their rights.

Social value implications

52. The procurement exercise in respect of the proposed helpline services contract will include social value as one of the criteria that will be taken into account when evaluating tender submissions. GCC is committed to a performance and evidence-based approach to Social Value. Based on the National TOMs (Themes, Outcomes and Measures) developed by the Social Value Portal tool that the council uses to evaluate social value in delivery, tenderers will be required to propose credible targets against which their performance will be monitored.

Consultation feedback

53. Feedback from current and potential service users has been sought via the public consultation and has been summarised above. The full consultation report is attached as an appendix.

Officer recommendations

54. Discussion has taken place with support services, including but not limited to legal, procurement, and finance. Their advice has informed the recommendations set out in this decision.

Performance management/follow-up

55. The appointed provider will be required to submit regular contract monitoring data to include activity reports against agreed indicators, and outcome data. As noted above, performance and evaluation data will seek to measure:

- contacts to the service, with a focus on understanding reach and uptake from groups at higher risk of poor mental health and those with protected characteristics.
- improvements in mental wellbeing among service users using validated measures; and
- where possible, diversion from other services.