

SERVICE DESCRIPTION

PROVISION OF SAFESPACE CRISIS ALTERNATIVE SUPPORT



Introduction

This document sets out the requirements for the provision of a Calderdale based Out-of-Hours SafeSpace Service.

Calipso as the vehicle for promoting and managing VCS led contract delivery in Calderdale is handling this procurement on behalf of Calderdale ICB.

The service description is as follows:

Service	Calderdale SafeSpace across 7 day/evenings per week
Procurement/ Contract Manager	Julie Robinson/Gary Gordon
CCG/ Commissioner Lead	Rhona Radley, Deputy Head Service Improvement, NHS Calderdale ICB
Period	1 st April 2024 – 31 st March 2027 <i>(OPTION FOR 2 YEAR EXTENSION)</i>
Review Period	March 2025
Funding envelope	£1,530,000.00 <i>(see section 7 for breakdown)</i>

1. POPULATION NEEDS

1.1 National/local context and evidence base

1.1.1 National mental ill health prevalence

The 'Five Year Forward View for Mental Health', published in 2016, notes that 'Mental health problems are widespread, at times disabling, yet often hidden. People who would go to their GP with chest pains will suffer depression or anxiety in silence. One in four adults experiences at least one diagnosable mental health problem in any given year. People in all walks of life can be affected and at any point in their lives, including new mothers, children, teenagers, adults and older people. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year – roughly the cost of the entire NHS'.

Common mental disorders (CMDs) comprise different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition.

CMDs were more prevalent in certain groups of the population. These included Black women, adults under the age of 60 who lived alone, women who lived in large households, adults not in employment, those in receipt of benefits and those who smoked cigarettes. These associations are in keeping with increased social disadvantage and poverty being associated with higher risk of CMD.

An estimated 15.7% of adults aged 18 and over meet the diagnostic criteria for at least one common mental health disorder including, for example:

- Depression
- Generalised anxiety disorder
- Mixed depression and anxiety
- Panic disorder
- Obsessive-compulsive disorder
- Phobias
- Post-traumatic stress disorder

1.1.2 People experiencing a mental health crisis

A mental health crisis is when someone feels their mental health is at breaking point, and they need urgent help and support. For example, they may have feelings or experiences that feel very painful or difficult to manage such as suicidal feelings, self-harm, panic attacks, flashbacks, hypomania or mania, or psychosis (such as paranoia or hearing voices).²

People don't choose when or where to have a crisis³ - they can be unpredictable.⁴ For many, it will not be a new experience and they will have experienced a crisis event in the past, possibly many times.⁵

Some people feel in crisis as part of ongoing mental health problems, or due to stressful and difficult life experiences such as abuse, bereavement, addiction, money problems or housing problems. Or there might not be a particular reason.⁶

1.1.3 Support needed by a person in crisis

A person in crisis may need support at any time of day or night. They may seek help from a GP, or medical attention from a local hospital, or the crisis may result in an intervention by the police. As a result, the police, in particular, frequently find themselves involved in responding to people in mental health crisis.⁷

A significant number of people will already be known to specialist mental health services in their local area.

Even if they are not directly in contact with services at the time they enter crisis, they still should know how to access appropriate, timely support.⁸

1.1.4 The need for out-of-hours crisis support

National evidence indicates that, except for people with dementia, most people with a mental health condition are admitted to hospital via A&E out of hours: in the evenings (i.e. outside of 9am to 5pm). In particular, the peak hours for self-harm admissions are between 11pm and 5am when it accounts for 6% of all people admitted via A&E.

This may indicate that there are problems with other services providing support out of hours: people have no choice but to turn to A&E for help because no other support is available.⁹

<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/#.XTq3HPJKh0x> 3

CQC (June 2015) Right Here Right Now 4

CQC (June 2015) Right Here Right Now 5

CQC (June 2015) Right Here Right Now 6

<https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/#.XTq3HPJKh0x> 7

CQC (June 2015) Right Here Right Now 8

CQC (June 2015) Right Here Right Now 9

1.1.5 Mental ill health prevalence in Calderdale

In terms of risk factors for mental health, Calderdale has higher than average rates of socioeconomic deprivation, first time offending, violent crime, domestic abuse, employment deprivation and fuel poverty (Public Health England Fingertips¹⁰).

Relative overall deprivation in Calderdale has increased in recent years when compared with other local authorities in England. In the Index of Multiple Deprivation (IMD) 2010¹¹, Calderdale was ranked 105th out of 326 local authority districts compared with a rank of 89 in the IMD 2015¹².

The number of people aged 18+ registered with a GP in Calderdale stood at 172,240 in August 2019. Applying the national prevalence estimate of 15.7%, the likely prevalence of common mental health disorders in Calderdale is 27,042. These figures are above the national average.

The Adult Psychiatric Morbidity Survey (APMS) found that two thirds of people with CMDs were not in treatment at the time of the survey. This was an improvement from the previous survey, thought to be because of the introduction of the IAPT programme.

However, this still meant that two thirds of people with CMDs were not accessing treatment, self-managing with varying degrees of success.

ONS data published in Projecting Adult Needs and Service Information (PANSI)¹³ and Projecting Older People Population Information (POPPI)¹⁴ predicts increases in prevalence as follows:

	2019	2020	2025	2030
People aged 18-64 predicted to have a common mental health disorder (PANSI)	23,675	23,699	23,449	23,123
People aged 65+ predicted to have depression (POPPI)	3,431	3,473	3,843	4,294
People aged 65+ predicted to have severe depression (POPPI)	1,062	1,082	1,237	1,375

Calderdale also has higher than average rates of admissions for self-harm and significantly higher than the Yorkshire and Humber average rates of mental health admissions

The age standardised rate of suicide per 100,000 people has reduced recently so it is now in line with the regional and national average; however, the number of years lost to suicide remains higher than the regional and national average.

CQC (June 2015) Right Here Right Now ¹⁰

Public Health England Fingertips Mental Health and Wellbeing JSNA profile, accessed on 16 August 2019 ¹¹

Ministry of Housing, Communities and Local Government Index of Multiple Deprivation 2010 ¹²

Ministry of Housing, Communities and Local Government Index of Multiple Deprivation 2015 ¹³

www.pansi.org.uk ¹⁴

www.poppi.org.uk ¹³

1.2 What people have told us about the Out-of-Hours SafeSpace pilot service:

A formal evaluation of the Out-of-Hours SafeSpace pilot service for adults in mental health crisis, the only such service currently in Calderdale, was carried out between February – December 2018 by the School for Social Entrepreneurs and Enriched Consulting Ltd.

The key themes and recommendations gathered from the evaluation include the views of 53 people who accessed the SafeSpace pilot on 203 occasions, plus other stakeholders.

The key outcomes identified have been used to inform this Service Specification. These are summarised as:

- People feel less anxious/depressed.
- People feel more supported.
- Suicide was averted.
- Individuals have access to self-help and peer support to help with crisis de-escalation.
- Some people accessed statutory services less, therefore helping reduce the demand on statutory health and social care services including A&E, police and Emergency Duty Team.
- Unpaid staff have an increased awareness of people needing support.

2. OUTCOMES

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

2.2.1 Calderdale ICB (Commissioner) outcomes

SafeSpace will deliver the following outcomes:

- More people provided with prompt recovery-focused help and support when in emotional distress.
- Increased options for people requiring support including out-of-hours mental health crisis support in Calderdale.
- More people supported to identify what can help them when they are at risk of a crisis.
- More people supported to access information/support relevant to their personal circumstances.
- More seamless pathways and support for people presenting in crisis.
- Potential reduction in demand on statutory health and social care services.

3. THE SCOPE OF THE PROVISION

The aim of this procurement for provision is to preferably contract with a consortium of providers with a lead provider organisation (from herein referenced as the 'Consortium') or a sole provider (from herein referenced as the 'Provider') to:

3.1 Aims and objectives of the SafeSpace service – across 7 days/evenings per week

- Provide telephone/text/Facebook/appropriate social media support for adults in emotional distress.
- Provide a safe space for adults in emotional distress to receive face to face support if required.
- Provide a range of weekly drop in sessions across the different areas of Calderdale
- Provide peer support to enable people to recover from or reduce their emotional distress.
- Support people to develop a plan to avoid or reduce further episodes of emotional distress.
- Provide a service that is outward facing and connected to communities, statutory bodies e.g Police, GP Practices and A&E
- Provide culturally-sensitive support which meets the needs of the diverse communities of Calderdale, including people with physical disabilities/long-term health conditions). All protected characteristics
- Signpost people to appropriate, existing services/sources of support (not long-term 'case managing' Service Users).
- Follow up people who have used the service within a week of usage, to find out how they have got on (with the consent of the individual).
- Be a major part of building networks, partnerships of support service across Calderdale utilising their experience and intelligence to drive continuous service delivery improvement.(i.e. engagement champions)

3.2 Service description/care pathway

The SafeSpace service has a clear role to play in supporting the delivery of West Yorkshire ICB out of area work around the development of a community pathway for crisis care.

In addition, the NHS Long Term Plan sets out the ambition for 111 to be the single point of access for support in mental health crisis.

The SafeSpace will be an integral part of the new adult mental health crisis care provision being developed, with clear referral routes from the acute and crisis pathway including NHS 111, 24 /7 mental health helpline, South West Yorkshire Partnership Foundation Trust (SWYPFT) Single Point of Access (SPA), Gateway to Care, police, Emergency Department and GP practices, as well as continuing to accept self referrals.

The Consortium/Provider would also be expected to

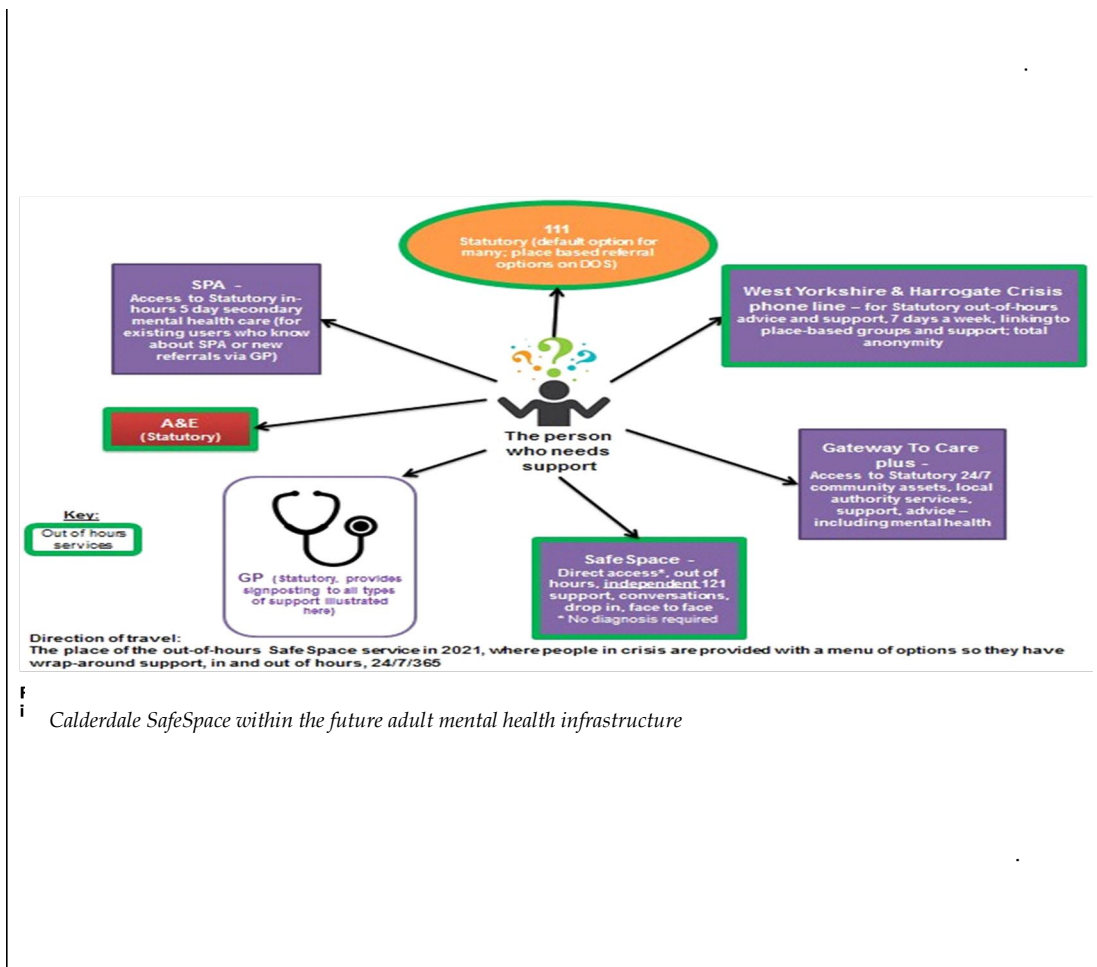
- take a flexible approach to service delivery, taking into account the future changing environment and health & social care integration agenda;
- further develop the intelligence and themes provided to the SafeSpace Steering Group partners (see 3.2.1 below), to inform the development of Calderdale’s Emotional Health and Wellbeing Strategy and model of crisis support. Acute and Crisis Care referrals – new 24/7 mental health helpline – Police

¹ This should be delivered in a secure format so that service users have their privacy respected

An illustration of the place of the Safespace service within the future model of overall mental health crisis care provision is provided below.

Crisis alternative provision in the system as a whole is indicated with a green border.

Adults aged 16 years old in emotional distress will either self-refer to the Safespace Service, or be signposted/referred to it by partners, see Section 3.4. They do not need a diagnosis of mental ill health in order to access SafeSpace.



3.2.1 Governance

The Consortium/Provider will report into the SafeSpace Steering Group, comprising of NHS Calderdale ICB, Calderdale Council, South West Yorkshire Partnership Foundation Trust (SWYPFT), West Yorkshire Police (Calderdale) and CVAC on behalf of Calipso.

3.3 Population covered

The service will be available to anybody aged 16 years old and above in Calderdale in emotional distress, whether or not they have a diagnosis of mental ill health.

3.4 Referrals

The Service will operate a “self referral” approach where people are signposted to it by partners (see Section 3.8). This is key to preserving the independent, “no criteria” nature of the service.

The Consortium/Provider will report on referrals to the Steering Group, as described in **Appendix 1**.

The Consortium /Provider will be required to use all appropriate means to make people, partners and other stakeholders aware of the Service, and encourage them to use it, see Section 3.8 below.

The Consortium/ Provider will report on this activity to the Steering Group, as described in **Appendix 1**.

3.5 Acceptance and exclusion criteria and thresholds

The face-to-face service will not be available to people who are incapacitated by alcohol or drugs at the time of contact with the service. The Consortium/Provider and Steering Group will agree the protocol for determining this and what action should be taken by staff where this is a potential cause for concern. The Lead Provider/Provider will ensure that staff training appropriately covers this aspect of the service.

3.6 Operating hours

The Consortium/Provider will agree with the Steering Group the out-of-hours operating times across 7 days/evenings per week. These will take into account the needs of both Service Users and the Service.

3.7 Service User information, support and advice

The Consortium/Provider is expected to co-design and develop information, support and advice with Service Users to ensure it is inclusive, accessible and appropriate for use with protected or vulnerable groups, including service users, people with different impairments: cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these, older people, and whose first language is not English.

3.8 Interdependence with other services/providers

The service will form a key part of the Calderdale response to mental health crisis. It will develop close relationships with the partners including, but not limited to:

- ✓ SafeSpace Steering Group – see Section 3.2 above.
- ✓ Secondary mental health services including the Intensive Home Based Treatment Team and the Single Point of Access.
- ✓ Accident & Emergency.
- ✓ West Yorkshire Police.
- ✓ Yorkshire Ambulance Service.
- ✓ Social care.
- ✓ Local voluntary organisations.
- ✓ The local Safeguarding Adult Board.
- ✓ Participation in the development of an acute care pathway Work with Primary Care

The Consortium/ Provider is expected to proactively promote the Service to stakeholders in Calderdale via a range of methods/channels, and provide evidence that partners are well informed about the Service, as described in Appendix 1.

3.9 High intensity service users

The Consortium/ Provider will work with partners (see Sections 3.2 and 3.8 above) to follow and/or establish appropriate local or regional protocols around high intensity service users to ensure that any risk is managed appropriately. The aim is that such Service Users do not attend A&E when SafeSpace is open, but instead choose to present directly to SafeSpace.

Such protocols will be kept under review and updated, where it is appropriate to do so, following appropriate engagement with Steering Group members and partners

3.10 Workforce

3.10.1 Staffing arrangements

The Consortium/Provider will agree with the Steering Group the appropriate recruitment processes to be used for both paid and unpaid staff, including enhanced DBS checks. The provider will also agree the minimum staffing and supervision levels required to safely and effectively deliver the Service face-to-face and virtually (i.e. via telephone/text/appropriate social media, such as Facebook).

3.10.2 Personnel training and supervision

All paid and unpaid staff should receive robust training relating to their role. The Consortium/Provider will agree with the Steering Group a training plan which details the scope and frequency of training all staff will carry out.

The Consortium/Provider will report on training undertaken using a training matrix to the Contract Manager, as described in Appendix 1.

The Consortium/Provider will ensure that all paid and unpaid staff receive appropriate regular supervision and provide opportunities for paid and unpaid staff to take part in structured feedback and reflective practice. This is to ensure that key learning is documented and applied.

3.11 Information Systems

The Consortium/Provider shall use an appropriate information system, which allows secure and accurate records to be kept of all interactions with Service Users. Information systems will comply with NHS standards relating to data security, including the Data Protection Act 2018. Engagement with service users about information sharing and consent with system partners

3.11 Contract Management, Monitoring and Reporting

The Consortium/Provider will nominate a single key point of contact to liaise with the ICB Commissioning lead/Contract Manager.

Contract Management approach and meetings frequency to be agreed at Steering Group. Contract management will include and review:

- ✓ Activity Levels, Outcomes & Trends;
- ✓ Financial and performance reporting, including Key Performance Indicators described in Appendix 1;
- ✓ Paid/unpaid staff training, supervision and feedback;
- ✓ Feedback from Service Users and partners, including the Steering Group;
- ✓ Quality of the service, as detailed in Appendix 1;
- ✓ Health & Safety and Safeguarding.
- ✓ Collating and analysing population health data (all protected characteristics) – whos using the service, who isn't, taking account of Calderdales latest census data.
- ✓ Use that data to inform the service provision and the engagement required to ensure the service meets the needs of the whole population
- ✓ (h) Ad-hoc Contract Management Meetings will be arranged when required.

3.12 Monitoring and reporting

3.12.1 Financial Reporting

In addition to its reporting obligations under Schedule 6a of the Contract Particulars (Reporting Requirements), reporting will be required that allows tracking of the use of individual funding streams, as agreed with the Steering Group/ICB Lead in order to inform future commissioning and decision making.

3.12.2 Performance reporting

The Consortium/Provider will be expected to co-operate fully with the provision of information and intelligence to enable improvements to the quality and efficiency of the Service.

The Consortium/ Provider shall provide to the Steering Group a quarterly monitoring report which will include but not be limited to the outcomes described in this Service Specification, and the key performance indicators (KPIs) in **Appendix 1**. The frequency of reporting will be agreed by Steering Group working with the Lead provider for the Consortium/ Provider.

The Lead Provider for the Consortium will report on key intelligence and themes to support partnership working to Steering Group partners (see Section 3.2 above).

The ICB Lead and/or Steering Group may require additions or changes to the above at any time.

The Consortium/Provider will compile an annual quality report, in a format to be agreed with the Steering Group, which will meet the needs of all stakeholders.

3.13 Service developments

Any proposed changes will be subject to negotiations between the ICB Lead/ Steering Group and the Consortium/Provider. This would be implemented through a Service Development and Improvement Plan (SDIP).

3.14 End of Contract/Exit Strategy

In the event of any future contracts being granted to a replacement Consortium/ Provider following the expiry or earlier termination of this Contract, the existing Consortium/Provider will co-operate fully with the transfer of data to the new Service Provider in order to allow a seamless transfer of Service.

The Consortium/Provider will be required to provide the following information to the Authorised Officer within twenty-eight (28) calendar days of the request being made:

- a) a full list of referrals/contacts/cases and their status;
- b) subject to the provisions of the Data Protection Schedule, the databases and archive files used to hold Service User records and information

This information may be used as part of the information provided to Tenderers for any future Contract to provide the Service.

The Consortium/Provider will be expected to co-operate fully with the transfer of paid Staff to the Replacement Service Provider, including all of the requirements of TUPE.

It must also be made clear whether the successor Service Provider can transfer to or occupy office premises, including furniture, IT Equipment and software used to deliver the Service and the approximate cost to do so.

4. APPLICABLE SERVICE STANDARDS

4.1. Legislation

- Health and Safety at Work Act (HASAWA) 1974
- The National Health Service Act 1977
- The Mental Health Act 1983
- The Human Rights Act 1988
- The Carers (Recognition and Services Act) 1995
- The Mental Capacity Act 2005
- National Health Service Act (1977), Sections 2 and 3, amended 2006.
- The Equality Act 2010
- The Care Act (2018)
- Health & Care Act (2022)

4.2 Applicable national standards (eg NICE)

The service will be delivered in accordance with the vision set out in the following documents:

- NHS Constitution
- Five Year Forward View for Mental Health 'When I need urgent help to avoid a crisis I, and people close to me, know who to contact at any time. People take me seriously and trust my judgement when I say a crisis is approaching. I can get help in a crisis, fast'
- NHS Long Term Plan - We will also increase alternative forms of provision for those in crisis. Sanctuaries, safe havens and crisis cafes provide a more suitable alternative to A&E for many people experiencing mental health crisis, usually for people whose needs are escalating to crisis point, or who are experiencing a crisis, but do not necessarily have medical needs that require A&E admission. They are commissioned through the NHS and local authorities, provided at relatively low costs, high satisfaction, and usually delivered by voluntary sector partners. While these services now exist in a number of areas, we will work to improve signposting, and expand coverage to reach more people and make a greater impact.
- Crisis Care Concordat - Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously; Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency; Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment; Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

4.3 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

As relates to safeguarding and the Mental Capacity Act Code of Practice.

4.4 Applicable local standards

The service will be delivered in accordance with the ambitions set out in the following:

- Calderdale Cares
- Care Closer to Home
- Calderdale Emotional Health and Wellbeing Strategy
- Calderdale Wellbeing Strategy
- West Yorkshire STP Urgent Emergency Care in Mental Health Delivery Plan

4.5 Confidentiality

Confidentiality is of paramount importance to individuals seeking to discuss their mental health needs.

The Service shall ensure that confidentiality can be maintained while also recognising the need on occasion to share information in the interests of Service Users, and to ensure that guidelines on caring and providing services for people at risk are observed. The Service shall comply with the duties set out in national legislation and the contract, for example the positive duty to share information, in line with legislation, particularly where the risks are high.

4.6 Safeguarding

The Consortium/Provider will play an active role in identifying and reporting any safeguarding concerns related to adults wherever Consortium/ Provider employees become aware.

The Service is well placed to identify and respond to possible issues of abuse. The Consortium/ Provider will comply with the ICB's safeguarding standards relevant to the organisation. The Consortium/ Provider will ensure that all paid and unpaid staff receive the appropriate level of safeguarding training at the required frequency as per local standards, and are able to demonstrate their ability to comply with the Mental Capacity Act (2005).

The Consortium/ Provider will have an organisational safeguarding policy which references and complies with local policies in Calderdale and the West and North Yorkshire and York safeguarding policies and procedures.

All staff should have access to expert safeguarding advice and supervision through their employing organisation

The Consortium/ Provider will ensure it has clear processes in place to report safeguarding concerns; and ensure staff are trained in whistleblowing.

The Consortium/ Provider will ensure that all staff understand the requirements of the Mental Capacity Act and this is reflected in practice. Clinical staff will be competent in assessing the person's mental capacity to make a range of decisions and be able to support best interest decisions.

4.7 Equality

4.7.1. Service Users

Protected characteristics of service users

The Consortium/ Provider will routinely record the appropriate protected characteristics of Service Users accessing their Service.

Accessibility of services

The Consortium/Provider will demonstrate that its services are inclusive, accessible and flexible, in order to meet the individual needs of Service Users, as described in the Equality Act 2010 including, but not exclusively limited to:

- how they meet the accessibility needs of Service Users. This would include, for example, service location (taking into account access via public transport), hours of operation, times and durations of appointments, physical premises, information and communication or cultural requirements (this list is not exhaustive);
- how they identify and takes steps to minimise or remove barriers reported by Service Users that result in inequality of access, experience or outcomes, including how it makes reasonable adjustments for Service Users who may have different impairments: cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these, or where English is not their first language;
- how they comply with the NHS Accessible Information Standard.

Protected characteristics of Service User experience

The Consortium/ Provider will record Service User experience information according to protected characteristics.

Monitoring and reporting

As part of regular performance monitoring, the Consortium/ Provider will report to the Contract Manager/Steering Group on how it meets the equality requirements related to Service Users described above.

5. APPLICABLE QUALITY REQUIREMENTS AND CQUIN GOALS

Applicable Quality Requirements

The Lead Provider/Sole Provider will need to demonstrate quality of their provision through either being in the process of becoming quality accredited or holding an appropriate quality standard i.e. Quality For Health & Wellbeing or equivalent.

The Consortium/ Provider will be expected to demonstrate an annual programme of internal audits of all aspects of the Service provided.

In addition the Consortium/Provider may be expected to participate in any audits conducted by the NHS, or other statutory organisations. Examples of audits may include, but not limited to quality and service user experience.

5.2 Continuous improvement

The Consortium/ Provider shall ensure continued Service improvements and developments in order to achieve better use of resources and deliver an efficient, high quality, safe, sensitive and people-centred Service.

The Consortium/ Provider shall work closely with Steering Group members and partners to improve and sustain Service Users' experiences, risk management, personalisation and workforce development.

The Consortium/ Provider shall work closely with Service Users, paid and unpaid staff to co-design certain the Service as appropriate in order to improve outcomes and experiences for Service Users. Any co-designed elements will be subject to approval by the Steering Group before implementation.

The Consortium/ Provider shall bring to the attention of the Steering Group any improvements which shall benefit efficient delivery of the Service.

5.3 Patient and Public Experience and Involvement

5.3.1 Service User experience

The Consortium/ Provider will be required to regularly and pro-actively seek feedback from Service Users with regard to the quality of Service delivered and about the performance of the Service in relation to meeting their desired outcomes.

The methods used and questions asked must be co-designed with Service Users, in a way to be agreed with the Steering Group members.

In addition to the above, feedback shall be sought from other stakeholders who interact with the Service. This is to ensure that the Service operates in as part of an integrated system of support for Service Users.

The Consortium/ Provider will actively gather Service User experience information, from each Service User using the service. This will include experience data according to appropriate protected groups under the Equality Act 2010.

The Consortium/ Provider will demonstrate they

- a) use a range of methods to proactively capture Service User experience, including, but not limited to, the Friends and Family Test;
- b) Collect Service User experience information from a representative cross-section of Service Users, according to protected characteristics, including: age, sex, ethnicity, disability (by impairment: cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these), pregnancy and maternity, sexual orientation, transgender status;
- c) have systems and procedures in place to proactively collect, monitor, analyse and respond to Service User experience and feedback, including common themes, and compliments and complaints;
- d) have taken action to improve Service User experience;
- e) regularly share key findings and actions with ICB, partners, Service Users and the public so they can review how the Service is performing.

Feedback received will be summarised and reported as set out in Appendix 1.

Raw data will be made available to ICB Lead upon request.

The information gathered will be used to inform continuous improvement.

5.3.2 Changing the way a service is currently provided

Where the Consortium/ Provider wishes to change the way a Service is currently provided this is likely to give rise to an obligation to engage and/or consult with patients and or their representatives. Although this statutory obligation is placed on the ICB, the Consortium/ Provider is expected (at its own cost) to co-operate with them in doing so.

The CCG and the Consortium/Provider will

- a) work to the principles and approaches set out in the ICB's Patient Engagement and Experience Strategies;
- b) ensure that any service change complies with the appropriate legislation including the Health and Social Care Act 2012, The Equality Act 2010 and the
- c) NHS Constitution;
- d) ensure that a clear audit trail of activity is available that can demonstrate this has taken place. The audit trail would include a plan for delivering an engagement and/or consultation and a report of findings.

The Consortium/ Provider will

- a) comply with the legislation set out in the ICB's Engagement and Experience
- b) Strategy;
- c) propose a detailed engagement/consultation plans for approval by the ICB;
- d) when requested, submit any plans for engagement and consultation to the ICB to ensure an appropriate process is being followed;
- e) demonstrate equality groups are represented in Service User engagement/consultation;
- f) share the findings from any engagement and/or consultation activity with the ICB, Service Users and the general public.

The CCG will carefully consider the outcome of any engagement/consultation activity and reserves the right to amend this Service Specification. Any such amendment will be dealt with in accordance with the variation procedure notwithstanding that the Service may not have commenced.

5.3.3 Service User Involvement

The Consortium/Provider should deliver a proactive, inclusive programme using a range of methods, including technology, to involve Service Users, partners and other key stakeholders, in the design and delivery of the Service.

The Consortium/ Provider should work in collaboration with Partners and use existing mechanisms, networks and groups. Evidence of activities delivered and impact on Service Users and the Service should form part of monitoring and reporting as described in Appendix 1.

5.3.4 Monitoring and reporting

As part of performance monitoring, the Consortium/ Provider will report to the Steering Group on how it meets and responds to the Service User experience requirements described above and in Appendix 1.

6. LOCATION OF PROVIDER PREMISES

The Consortium/ Provider's premises should be accessible 7 day and evenings per week located in one (or a number) of Calderdale's main town centres, in a physically safe location, appropriate for out-of-hours use, and with good public transport access, for staff and Service Users alike. The premises exterior and interior should be designed to provide Service Users and staff with a safe and reassuring experience.

7. RESOURCE, TERM OF PROVISION & MOBILISATION

The funding available for the delivery of this provision is £1,530,000 over the life of the contract and breakdown is as follows:

Year 1 (1st April 2024 to 31st March 2025) = £306k

Year 2 (1st April 2025 to 31st March 2026) = £306k.

Year 3 (1st April 2026 to 31st March 2027) = £306K

A further two years extension negotiated in year 3

The successful provider will be expected to work closely with the steering group and partner organisations to agree the monitoring framework and successfully mobilized

Appendix 1

Monitoring & Key Performance Indicators

Appendix 1 – Monitoring and Key Performance Indicators

Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Reporting	Consequence of Breach
Service User Experience	High satisfaction levels	To be agreed with Service Users and Provider	Quarterly report to Contract Manager /Steering Group; at Contract Management meetings	If performance is below target for 2 consecutive quarters, a Review meeting will be held. If performance does not improve sufficiently within 3 months of the review meeting, a joint action plan to improve performance will be developed. If insufficient progress is made after a further 6 months a Contract notice may be served by the contract manager/ ICB Lead. Prolonged inadequate performance may lead to Termination of contract.
	Complaints are recorded, responded to and followed up. Lessons are learned and Service improvements made as a result	100%		
	Continual learning and development of Service to meet customer needs	100%	Quarterly report to Contract Manager/ Steering Group re: learning points and action taken as a result of Service User satisfaction surveys/complaints; at Contract Management meetings	

Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Reporting	Consequence of Breach
Collecting and Acting Upon Service User Feedback	Collection of data in relation to Service User satisfaction (including partner Services where relevant) and acting upon feedback to drive continuous improvement of the Service	100%	<p>Quarterly report to Contract Manager / Steering Group; at Contract Management meetings re: learning points and action taken as a result of feedback received</p> <p>Annual Service User feedback/Engagement report to Contract Manager / Steering Group</p>	<p>If performance is below target for 2 consecutive quarters, a Review meeting will be held.</p> <p>If performance does not improve sufficiently within 3 months of the review meeting, a joint action plan to improve performance will be developed.</p> <p>If insufficient progress is made after a further 6 months a Contract notice may be served by the contract manager/ ICB Lead.</p> <p>Prolonged inadequate performance may lead to Termination of contract.</p>
Reducing Inequalities	Data collected and available for the Steering Group on demographics of Service Users	Compliance with data collection and submission	<p>Collect data and submit quarterly to Contract Manager / Steering Group.</p> <p>Any issues highlighted in real time to the Steering Group via Contract Manager</p>	

Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Reporting	Consequence of Breach
Accessibility	<p>To identify & discuss with the Contract Manager any specific characteristics that are/may potentially be a barrier for ongoing access</p> <p>To include issues raised by others e.g. partner Services and Service Users More specific examples of partner services</p>	100%	Highlight issues to steering group via Contract Manager in real time; at Contract Management meetings	<p>If performance is below target for 2 consecutive quarters, a Review meeting will be held. If performance does not improve sufficiently within 3 months of the review meeting, a joint action plan to improve performance will be developed.</p> <p>If insufficient progress is made after a further 6 months a Contract notice may be served by the contract manager/ ICB Lead.</p> <p>Prolonged inadequate performance may lead to Termination of contract.</p>
Partnership working	<p>Partner Services are well informed about the Service Ongoing review of partnership working across the system</p>	<p>Minimum of quarterly communications with partner services e.g. training, briefings, newsletter</p> <p>Quarterly meeting with key partners to integrate how they work together/support review of joint working</p>	Quarterly report to Contract Manager / Steering Group; at Contract Management meetings	<p>Prolonged inadequate performance may lead to Termination of contract.</p>
	<p>Feedback from partner organisations, including Steering Group members, regarding effectiveness of partnerships</p>	All issues raised	Quarterly report to Contract Manager / Steering Group; at Contract Management meetings; Provider and partners to highlight issues to Contract Manager in real time	

Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Reporting	Consequence of Breach
Workforce	Frequency and quality of training undertaken by paid and unpaid staff	Consistency with NHS statutory and mandatory	Quarterly updates to Contract Manager/steering group; at Contract Management meetings	If performance is below target for 2 consecutive quarters, a Review meeting will be held. If performance does not improve sufficiently within 3 months of the review meeting, a joint action plan to improve performance will be developed.
	Engagement and involvement of paid and unpaid staff (volunteers)	Provide feedback from paid and unpaid staff on their involvement	Quarterly report to Contract Manager/steering group; at Contract meetings	
Activity: outputs	Number of individual Service Users per night	Compliance with data collection and submission	Monthly report to Contract Manager/steering group; at Contract Management meetings	If insufficient progress is made after a further 6 months a Contract notice may be served by the contract manager/ ICB Lead. Prolonged inadequate performance may lead to Termination of contract.
	Service User demographic data/ protected characteristics			
	Number of repeat contacts Number of services users where we have developed a collaborative care plan Provider is proactive and responsible in sharing across the system			
	Number of contacts per night			
	Average length of interaction by type			
Number of Service Users who were previous high intensity service users				

	<ul style="list-style-type: none"> Referrer Referral method Referral source (post code or type) 			
	Number of Service Users declined because service at capacity			
Quality and Performance Indicators	Quality and Performance Indicator(s)	Threshold	Method of Reporting	Consequence of Breach
Activity: outcomes	<p>Primary and secondary presenting issues</p> <p>Types of support received by Service Users, including any referrals or signposting to other organisations</p> <p>Where a Service User would have gone had SafeSpace not been available</p> <p>Evidence of changed behaviours among Service Users</p> <p>Evidence of Service User engagement or reengagement with non-crisis mainstream/ statutory sources of support</p>	Compliance with data collection and submission	Monthly report to Contract Manager/Steering; at Contract Management meetings	<p>If performance is below target for 2 consecutive quarters, a Review meeting will be held. If performance does not improve sufficiently within 3 months of the review meeting, a joint action plan to improve performance will be developed.</p> <p>If insufficient progress is made after a further 6 months a Contract notice may be served by the contract manager/ICB Lead.</p> <p>Prolonged inadequate performance may lead to Termination of contract.</p>

Overall activity and performance	Annual quality report on service performance as agreed with the Steering Group, including but not limited to Service User, staff, partner and stakeholder feedback, Health & Safety, Safeguarding	Compliance with requirements described in this service specification	Reported to once a year to Contract Manager / Steering Group, and published externally for all stakeholders	
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