Consultation Context Paper To Inform Future Procurement of the Lifeline Crisis Response Service

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1.0 Introduction

The Public Health Agency (PHA) is currently reviewing the 'Lifeline Crisis Response Service', seeking to develop the most appropriate and effective service to ensure the best outcomes for the public within the resources available.

The current contract is due to end 31 March 2015 and the Public Health Agency is keen to engage with relevant stakeholders to ensure that the future service specification is appropriately informed and that future services are fit for purpose. This consultation process seeks feedback from key stakeholders to inform the decision making process on the future of the Lifeline Crisis Response Service.

2.0 Background

2.1 Lifeline is a free-to-call regional confidential telephone helpline for people who are experiencing emotional crisis and who are at risk of suicide.

2.2 The Health Minister, announced the establishment of a pilot 24/7 Crisis Response Telephone Helpline in 2007 as part of a range of measures to tackle suicide under the new suicide prevention strategy *Protect life*.

2.3 The helpline was initially piloted in one area of Belfast for the under 25s, and a decision was then taken to expand the service to include access across all of Northern Ireland, for all age groups and was to be strengthened by the provision of additional face-to-face support services for people in crisis.

2.4 The overall aim of the helpline is to provide crisis support to all people in crisis across Northern Ireland, thereby helping to reduce the levels of suicide and self-harm incidents. The Northern Ireland Crisis Response Helpline is promoted as LIFELINE.

2.5 The regional Lifeline service commenced in 2008 and was awarded through public tendering to Contact NI, given the transitional arrangement under the Review of Public Administration (RPA) the Southern Health & Social Care Trust (SHSCT) agreed to undertake the contract management/commissioning in support of Department of Health (DHSSPS) until agreement on the new commissioner arrangements were put in place. In April 2010 the contract was passed to the Public Health Agency (PHA) to manage.

2.6 During the first contract period for the regional service the range of support services were increased to include complimentary therapies, befriending, mentoring etc, these along with the face to face counselling were known as wraparound services. The wraparound services were provided directly by Contact NI and they also sub-contracted wraparound support from a variety of other community & voluntary organisations across Northern Ireland.

2.7 There had been no evaluation of the initial pilot service in 2007 therefore in order to assess the effectiveness of the service one of the first actions of the PHA was to undertake a review to inform performance management as well as future commissioning. The PHA undertook an evaluation of the range of services and the findings indicated that for people in crisis talking therapies/ counselling was more effective than other forms of wraparound services provided.

2.8 In order to focus the resources on those most at risk the service specification was changed to include only a telephone helpline with subsequent referral into appropriate counselling services. The contract was re-tendered in 2011/12 through public procurement and the existing provider was successful in securing the contract.

3.0 Contract Management from 2012- Present

3.1 The contract is overseen by a regional steering group which includes the PHA, Health & Social Care Board, DHSSPS and the six Trusts. The service providers are also invited to attend part of the meeting to input on key issues that emerge. The project also has a Clinical & Social Care Governance sub-group, Performance and Evaluation sub-group and Communications/PR sub-group. The sub-group membership includes representation from a range of stakeholders include PHA, HSCB, DHSSPS, Contact NI, Trusts and service users.

3.2 The contract specification was based on the evidence that was available from contract performance data in terms of determining service demand and level of engagement required with callers. The latter was noted as "Active Calls" and defined as those interactions on the telephone that required the qualified counsellor to directly engage with a caller who was in crisis or a third party ringing on behalf of another individual.

3.3 Whereas the crisis service was based on a short term intervention approach there was provision for the telephone helpline to refer appropriately assessed individuals into talking therapies. Again the volume of referrals into counselling was based on previous data from those assessed as active calls.

3.4 The contract was initially awarded for the three year period 2012-15 with the provision of an 18 months extension dependant on finance, performance and outcomes evaluations. The total value of the contract is £10.48 million for the three year term.

3.5 The contract specification invited bidders to consider their contract costings based on three levels of both telephone demand and access to talking therapies. These activity levels were based on the information that was available to the PHA in 2011.

3.6 The activity levels were:

<u>Telephone calls levels</u>:

- 1 – 999 Active Telephone Calls per Week

- 1000 – 1499 Active Telephone Calls Per Week
- 1500+ Active Telephone Calls Per Week

Counselling sessions per levels:

- 1 – 399 Counselling Sessions Per Week
- 400 – 499 Counselling Sessions Per Week
- 500+ Counselling Sessions Per Week

4.0 Service Demand

4.1 Call demand from 2010/11 to date is shown in table 1 below.

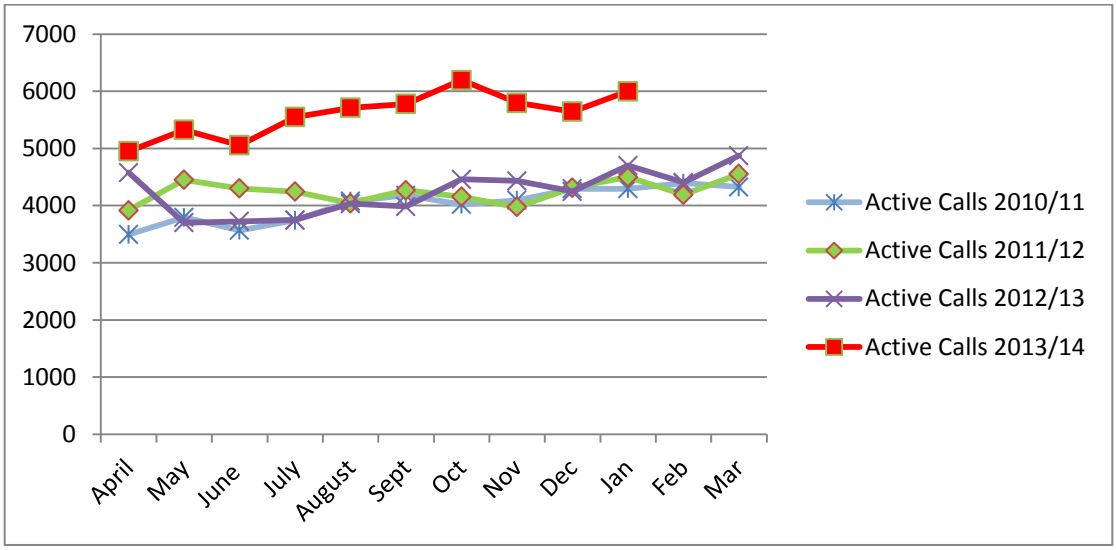
4.2 The most notable change in the demand trends are those calls which the service provider has classified as an active call, that is those requiring a direct intervention from a counsellor/call handler and which are subject to a contract charge. These calls have increased since the second half of 2012/13 and are currently 31% higher than in the previous contract arrangements. It should be noted however that definitions have differed slightly between the current contract (2012/13 to date), and the previous contract period.

Table 1 Summary of Service Demand for Crisis Telephone Service April 2010 / January 2014

Total calls Answered	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Total
Calls answered by Counsellor 2010/11	5803	7130	7088	20021	6492	6197	7621	20310	7971	7033	6266	21270	7507	7509	6592	21608	**83209**
Calls Answered by Councillor 2011/12	6017	7674	7602	21293	7926	7131	6868	21925	8059	7071	7601	22731	8686	7150	8385	24221	**90170**
Calls Answered by Councillor 2012/13	7638	6403	6874	20915	6350	6946	6298	19594	6843	6776	6250	19869	7183	6711	7282	21176	**81554**
Calls Answered by Councillor 2013/14	7328	7921	7064	22313	7530	7482	7744	22756	8241	7687	7977	23905	7936				
Calls Classified as Active	Apr	May	Jun	Q1	Jul	Aug	Sept	Q2	Oct	Nov	Dec	Q3	Jan	Feb	Mar	Q4	Total
Active Calls 2010/11	3495	3793	3567	10855	3744	4075	4179	11998	4019	4093	4296	12408	4294	4393	4324	13011	**48272**
Active Calls 2011/12	3918	4452	4301	12671	4243	4040	4270	12553	4155	3976	4314	12445	4499	4190	4553	13242	**50911**
Active Calls 2012/13	4577	3700	3723	12000	3750	4034	3985	11769	4460	4433	4246	13139	4701	4405	4875	13981	**50889**
Active Calls 2013/14	4951	5325	5056	15332	5549	5712	5778	17039	6194	5798	5644	17636	5999				

4.3 This is further illustrated in figure 1 which demonstrates the dramatic change in active call classification.

Figure 1: Summary of Active Call Demand April 2010 / January 2014



4.4 The number of clients subsequently referred into talking therapies/counselling is shown in table 2 below. This demonstrates the increased number of clients being referred into counselling and the consequent increase in counselling sessions.

Table 2: Summary of Referrals Into Counselling Support April 2010 / January 2014

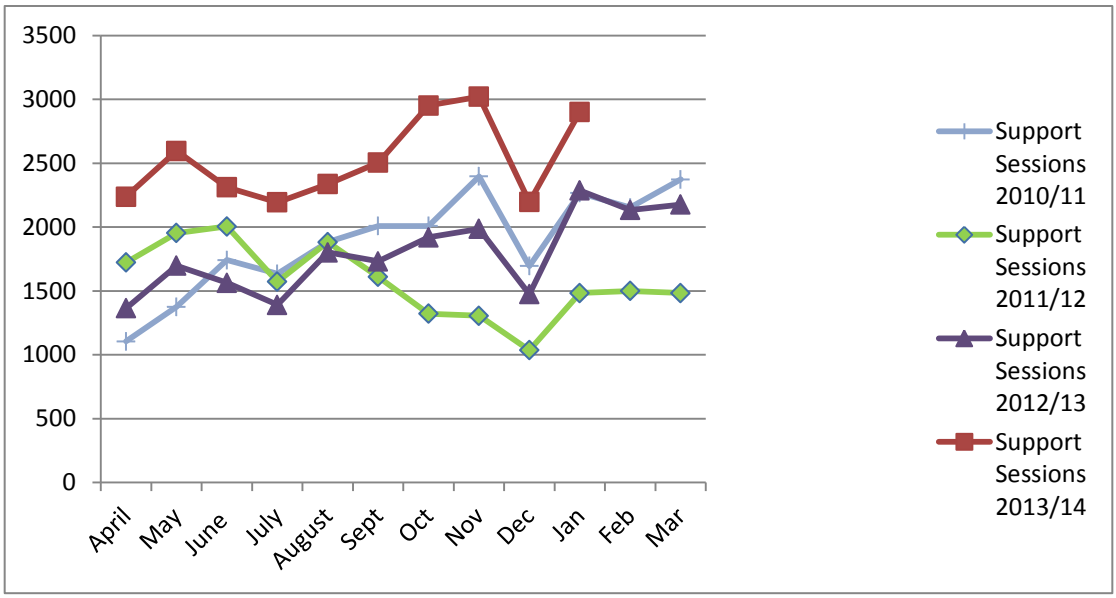
	Apr	May	Jun	1st Qtr	Jul	Aug	Sep	2nd Qtr	Oct	Nov	Dec	3rd Qtr	Jan	Feb	Mar	4th Qtr	YTD
Support Clients Referred 2010/11	277	347	377	1001	368	349	431	1148	544	515	463	1522	421	427	489	1337	**5008**
Support Clients Referred 2011/12	367	454	441	1262	363	379	274	1016	273	264	269	806	363	308	311	982	**4066**
Support Clients Referred 2012/13	206	408	347	961	288	457	379	1124	422	484	390	1296	488	479	515	1482	**4863**
Support Clients Referred 2013/14	542	580	469	1591	540	603	596	1739	734	647	521	1902	724				

Total Support Clients 2010/11	634	732	923	2289	990	1022	1049	3061	1193	1216	1118	3527	1240	1203	1258	3701	**12578**
Total Support Clients 2011/12	1102	1100	1083	3285	1058	1039	981	3078	754	677	659	2090	836	854	837	2527	**10980**
Total Support Clients 2012/13	743	857	827	2427	790	915	973	2678	1001	1,039	981	3021	1,183	1,158	1215	3556	**11682**
Total Support Clients 2013/14	1280	1347	1226	3853	1276	1363	1417	4056	1550	1589	1401	4540	1647			1647	**14096**

Support Sessions 2010/11	1105	1375	1741	4221	1633	1883	2008	5524	2008	2397	1695	6100	2266	2152	2373	6791	**22635**
Support Sessions 2011/12	1723	1953	2005	5681	1572	1882	1610	5064	1322	1305	1036	3663	1483	1499	1483	4465	**18873**
Support Sessions 2012/13	1364	1697	1564	4625	1391	1802	1731	4924	1919	1986	1474	5379	2287	2133	2176	6596	**21524**
Support Sessions 2013/14	2238	2596	2312	7146	2194	2337	2505	7036	2952	3021	2196	8169	2902				**22351**

4.5 The average number of clients being referred into counselling services has increased from an average of 417 per month between 2010/11 to 595 in 2013/14 an increase of 43%. The number of sessions undertaken has increased over the same period from 1886 per month in 2010/11 to 2525 (+34%). This increase is reflected in figure 2.

Figure 2: Summary of Counselling Support Services April 2010 / January 2014



5.0 Key Performance Indicators

5.1 A number of key Performance Indicators (KPIs) were agreed to assist with the contract monitoring process. The PHA regularly monitors the performance against the KPIs as reported by the service provider.

5.2 The primary KPIs in the Lifeline contract are set out in table 3, along with a summary of performance between April 2012 and January 2014. The KPIs reflect the fact that the Lifeline service is a crisis response service and that counselling staff should appropriately qualified.

Table 3 Summary of Primary KPIs Performance for the Lifeline Contract April 2012 – January 2014

Key Performance Indicator (KPI)	Target	Performance Summary from Lifeline Provider KPI returns April 2012 – January 2014
% of staff, excluding administration, who are accredited or have a time framed action plan in place to work towards accreditation with BACP/IACP or equivalent	100 %	The Lifeline service is currently provided by counsellors directly employed by the provider, locums and a small number of subcontracted counselling providers. Directly employed counsellors work on the helpline as well as delivering the counselling element of the service. • 100% of Lifeline qualified counselling staff are either accredited or have
% of staff who have completed Access NI enhanced checks	100 %	

		a time framed action plan in place to work towards accreditation. • 100% of the Lifeline counsellors have completed enhanced AccessNI checks.
% Comprehensive assessments accepted and completed during first call where it is appropriate to offer	100 %	A caller may decline the offer or a helpline counsellor may decide that it is not appropriate to offer a caller a comprehensive assessment during first call to the helpline. This may be because it is an emergency/ third party call or the counsellor assesses that it would be more appropriate to delay the assessment due to substance levels or communication difficulties. Where it was appropriate to offer and complete a comprehensive assessment during first call 53% were completed between April'12 – March'13 and 63% complete between April'13 – January'14.
% of Tier 1 clients provided session appointment within 10 days	100 %	From April 2012 – March 2013, 92% of Tier 1 clients were provided with an appointment within 10 days of decision to offer an appointment and 85% between April 2013 – January 2014.
% of Tier 2 clients provided session appointment within 7 days	100 %	From April 2012 – March 2013, 93% of Tier 2 clients were provided with an appointment within 7 days of decision to offer an appointment and 89% between from April 2013 – January 2014.
% of Tier 3 clients provided session appointment within 5 days	100 %	From April 2012 – March 2013 91% of Tier 3 clients were provided with an appointment within 5 days of decision to offer and appointment and 84%

		between April 2013 - January 2014.
% Clients exceeding 6 attending sessions (package limit)	<5%	13% of clients exceeded 6 sessions from April 2012 – March 2013 and 11% between April 2013 - January 2014.
% Attendance rate	90%	82% of counselling sessions were attended from April 2012 – March 2013 and 81% from April 2013 - January 2014.
Incoming calls answered as a % of missed and answered incoming calls	100 %	86% of incoming (missed and answered) calls were answered from April 2012 – March 2013 and 78% from April 2103 and January 2014. (excludes calls ended before 5 seconds)
Answered calls within 10 seconds	90%	79% of answered calls were answered within 10 seconds from April 2012 – March 2013. and 66% from April 2103 and January 2014.
Answered calls with 30 seconds	100 %	90% of answered calls were answered within 30 seconds from April 2012 – March 2013. and 81% from April 2103 and January 2014.

5.3 Summary of Lifeline Communication / PR Activity and Performance

The Assistant Director of Communications, PHA monitors the PR activity of the provider through both the Communication subgroup and individual meetings. The provider receives £150,000 each year for the three years of the contract to deliver on the Lifeline communication strategic plan. In 2012/13 this was boosted by an additional £50,000 slippage for media advertising between January 2013 and March 2013.

The PHA continues to support the provider to deliver the service required within the budget allocated while adhering to the branding protocols which outline how the Lifeline brand must be treated. The provider has been involved in a number of initiatives to promote the Lifeline service since April 2012 such as presentations at GP practice learning events and is also working with Trust media representatives.

The provider established a service user advocacy group in November 2013 who will become involved in promotional activities.

A survey of public awareness commissioned by PHA in March 2013 reported 29% of the public surveyed were aware of the service which is an increase from 23% awareness in 2010/11 and in line with DHSSPS target of 30%. As a result the provider's communication plan for 2013/14 targeted: men, over 65 years, southern and western Trust areas, groups with specific communication requirements such as people with sensory impairment and / or English is their second language.

6.0 Performance Management and Clinical Governance

6.1 The PHA as commissioner has regular meetings with the service provider. These meetings include colleagues from the HSCB and Trusts. Performance meetings include the review of contract performance, sharing best practice and discussion regarding corrective action as appropriate.

6.2 The provider follows the regional Serious Adverse Incidents (SAIs) process in respect of individual deaths through to major services issues. PHA take account of the learning from SAIs as well as compliments and complaints in planning, commissioning and monitoring services

6.3 The Provider records data on clients and service provision via an electronic system. PHA receives regular anonymised data downloads.

6.4 The PHA ensures that the service provider is managing demand within the constraints of the service budget. Where there is an under demand for the service the PHA will ensure that the funding is re-allocated within the context of the Protect Life strategy. Where there is an over demand the contractor is required to bring performance back into budgetary line.

6.5 The PHA has recently commissioned a clinical audit of the Lifeline service. The review sought to identify best practice in the delivery of Lifeline and highlight any areas for development or further review. As well as informing the management of the existing service, the findings of the audit will inform the development of future services

7.0 Challenges

7.1 In the delivery and management of the Lifeline contract there are a number of key principles that must underpin the service delivery as follows:

- The telephone service must be available 24 hours 365 days a year for people in crisis and at risk of self-harm or suicide
- Free of charge
- Staffed by appropriate qualified professionals
- Confidential service
- Non-judgemental
- Non-discriminatory
- Ability to refer/signpost, as appropriate, dependant on the level of crisis

7.2 The service must also demonstrate value for money and operate within the budget available within the overall Protect Life budget. The PHA must ensure that expenditure is used for the intended purpose and properly accounted for. This requires that the PHA must ensure there is a competitive procurement process to ensure transparency and competition for the service in future commissioning

7.3 The service must operate with the highest level of quality and safety ensuring that there are processes in place to protect and support clients who use the Lifeline service. It also requires that reporting back to the commissioner on performance and outcomes is accurate and dependable and subject to review and scrutiny. The service must be supported and valued by all statutory bodies, other service providers and the general public.

7.4 The purpose of the service must be clear ensuring that it is a Crisis Response service for those who are at risk of self-harm and/or suicide and should not be used as a general counselling or support service.

7.5 Procedures should be in place to ensure there is no duplication of service, overlap or dual referral ensuring that all clinical guidelines are adhered to and preventing the spend of public funds on duplicate services.

8.0 Consultation Considerations

8.1 This consultation is an intricate part of the decision making process along with exploring what else can assist decision making in terms of the future of the Lifeline contract in Northern Ireland within the context of limited funding. The responses to this process should take account of the information contained within the context paper and an acknowledgement that there is a limited amount of funding available to the service and therefore it is critical that it is targeted at those most in need.

8.2 The decision making process will take account of the feedback from this process as well as information collected by the PHA during the contract management and evaluation processes and best practice models internationally.

8.3 Any decision on the future roll-forward of the contract, service design or implications will take account of the wider strategic context in terms of the next suicide prevention strategy, new public health framework and proposed developments in the wider mental health and suicide prevention sphere.