Minutes

Supplier Engagement Meeting - Lifeline Crisis Response Service (LCRS)

Location: Glenavon Hotel, 52 Drum Road, Cookstown. **Date / Time** Monday 3 July 2017, 10.00am
PIN No. 2017/S 114-229554

Attendees

Name	Title	Organisation
Rosemary Taylor	AD Planning and Operational Services	PHA
Brendan Bonner	Head of Health and Social Wellbeing Improvement	PHA
Orla Donachy	Head of Service	BSO – PaLS
Marleen Clements	Senior Procurement Manager	BSO – PaLS
Holly Pierson	Business Support Officer	BSO – PaLS
Lorcan Perry	Intern	BSO – PaLS
Fergus Cumiskey	CEO	Contact NI
Carrie Montgomery	Deputy CEO	Contact NI
Roberta Richmond	CEO	East Belfast Community Counselling
Nuala Dalcz	Director of External Affairs	Inspire
Sharon Quinn	Office Manager	Lighthouse
Jo Murphy	CEO	Lighthouse
Dearbhla McGrath	Philanthropy Manager	NSPCC
Conor McCafferty	Director	Zest

These minutes should be read in conjunction with the Supplier Engagement Presentation.

1. Introductions

Orla Donachy and Brendan Bonner introduced themselves. OD gave a brief description of PaLS and the PHA as follows -

PaLS / SCPU **-** PaLS (Procurement and Logistics Service) are the Centre of Procurement Expertise (CoPE) for HSC. They procure goods and services for the whole of Health in NI. The Social Care Procurement Unit (SCPU) is a unit within PaLS tasked with dealing with Social Care contracts.

PaLS will be facilitating this procurement process. PaLS are not the decision makers. Their role is to support the HSC organisation, in this case the PHA, in the tender process.

PHA - The Public Health Agency (PHA) is the major regional organisation in Northern Ireland responsible for tackling health inequalities and promoting health and social wellbeing improvement. The PHA's role is to address the causes and associated inequalities of preventable ill-health and lack of wellbeing. It is a multi-disciplinary, multi-professional body with a strong regional and local presence.

2. Prior Information Notice (PIN)

A Prior Information Notice in respect of the LCRS was advertised on 15 June 2017 in the Official Journal of the European Union (OJEU) and on the PaLS procurement portal: eTendersNI.gov.uk. A number of interested providers responded to the PIN but not all were able to attend the meeting. The subsequent tender opportunity will be advertised via this portal, see Section 12 Procurement Plan (Page 7) for more information. It is worthy to note that this procurement portal is also used by all other public sector bodies in NI.

3. Purpose of the Meeting

The purpose of the meeting as stated in the PIN was described as follows -

- To inform the market that PHA is planning to tender for provision of the Lifeline Crisis Response Service (LCRS).
- To gain a clear understanding of available services and developments in this market.
- To gauge the level of interest in the provision of the services in advance of the formal tender process.
- To invite discussion on any innovative approaches to this service model.
- To inform providers of the PHA's envisaged procurement plan,

4. Background

The PHA held two 12-week public consultations on proposals for the future of the Lifeline service. Following consideration of feedback from a number of stakeholders including - service users; the general public; a range of organisations in the Community and Voluntary sector and statutory partners, also taking into account best practice and learning from the operation of Lifeline since its establishment, a number of new recommendations on the future of the service were made. These recommendations have now been approved by the Department of Health and will be taken forward through this procurement exercise.

5. Overview/Aims & Objectives

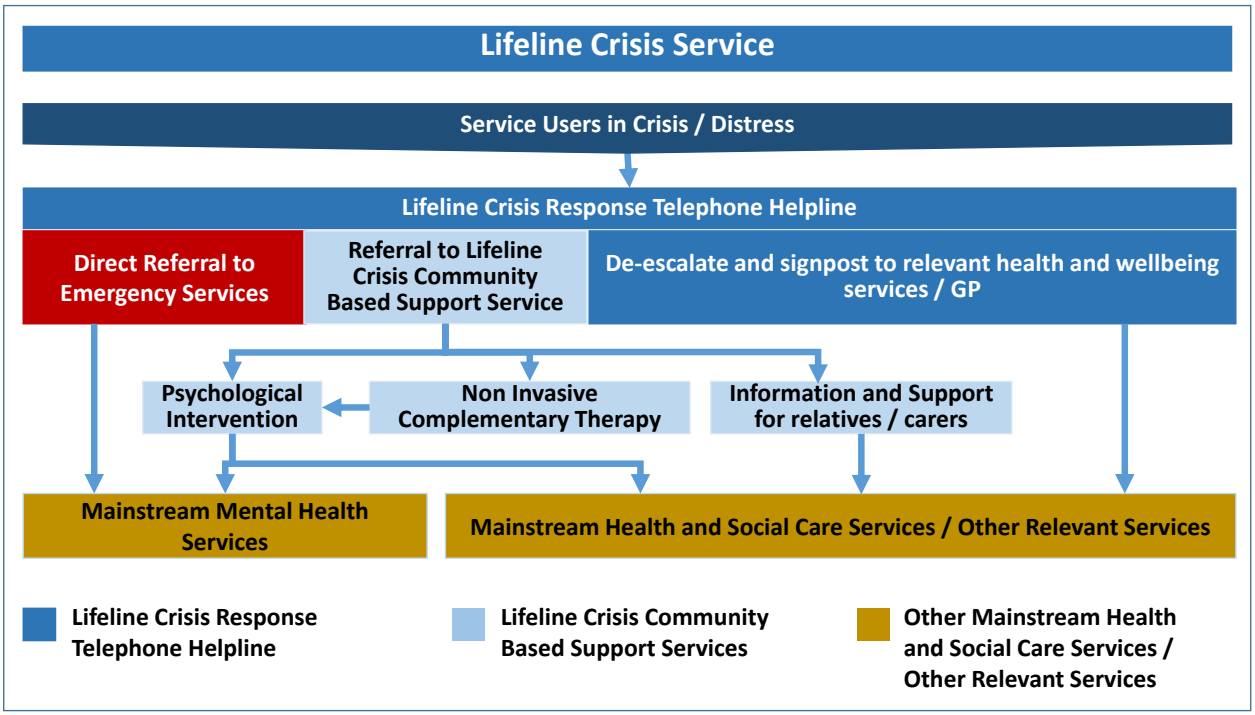
As part of the Protect Life strategy the PHA is planning to tender for a Lifeline Crisis Response Service (LCRS) that will consist of a Regional Crisis Telephone Helpline and follow on Community Based Support Services within each of the five HSC Trust Areas.

The aim of the LCRS is to help reduce the number of deaths as a result of suicide and the number of incidents of self-harm in NI, through enabling access to appropriate services for those at immediate risk of suicide, self-harm, or homicide/suicide.
The key objective of the LCRS is to provide an accessible service for those most at risk
Currently a single provider delivers all elements of the Lifeline Crisis Response Service.

6. New Service Model

The new service model will see the Helpline being operated by one provider, enabling them to focus specifically on this key aspect of the Lifeline service. The follow-on support will be managed by providers in each HSC Trust area to meet the particular needs of Lifeline clients and ensure that Lifeline is integrated with other existing support at a local level. Lifeline will remain a fully integrated service, ensuring that people get the support they need at all stages of their journey.
It should be noted that the strategy for Lots has yet to be finalised.

7. Illustration of the New Service Model



The above diagram provides a high level illustration of the new crisis service model which is in line with Step 2 of the HSC Regional Mental Health Care Pathway.

The model focuses on the need for an assessment to determine the most appropriate next step in care. This could include, if required, access to talking therapies which would address mental health and emotional difficulties such as anxiety and depression. The recovery process will be focused on support that could involve a mix of talking therapies and lifestyle advice.

Service users, whose mental health issues more adversely affect their lives or the lives of others, will require more intensive psychological therapies and/or drug therapies etc. These service users will be supported by the appropriate HSC Trust.

Where a service user does not require onward referral then they could be signposted to Step 1 services where issues such as stress management and mild emotional difficulties will be addressed and resolved with focused lifestyle adjustments and problem solving coping strategies.

8. Lifeline Crisis Response Telephone Helpline

The Helpline element of the service will provide the following:

- A free to call Telephone Helpline, 24/7:
- Immediate management and de-escalation of callers in high anxiety;
- Refer individuals who are in immediate danger into emergency services;
- Undertake a clinical assessment of and de-escalate other callers, refer or signpost as appropriate; and
- Will include safety check and Check-in support.

9. Lifeline Crisis Community Based Support Services

These support services will be offered to Service Users referred from the Lifeline Crisis Response Telephone. The key elements of a Lifeline Crisis Community Based Support Service are 'Step 2' level community based Psychological Interventions. It will be provided in a non-stigmatising setting for individuals who are at risk of suicide or self-harming, and who meet agreed eligibility criteria, with a view to preventing/minimising repetition of suicide ideation, acts of self-harm and prevention of suicide.

Individuals will be offered an appointment within 24 hours in the locality in which the person resides and within a specified number of days, dependent on the level of risk. Overall it is expected that individuals will get between 3-12 sessions with an average of 5 sessions in the vast majority of cases. Upon discharge from the service individuals should be signposted or referred to other services as appropriate to their specific needs.

Information and Support services for family members / carers or other identified support person will be particularly focused on advice on how to support the person who has/is experiencing suicide ideation or self-harm, including how to access services in a crisis. It will also focus on advice on self-care and the strengthening of their coping skills. There will be a need for signposting or referral to other support services as appropriate to their needs and the needs of the family.

There will also be access to a defined range of Complementary Therapies to provide additional support for those with extreme anxiety in order to support them into Psychological Interventions. This will be part of the overall care pathway and will only be available as an exception rather than the rule, and is not a standalone service.

10. New Service Model - Areas for Consideration / Discussion

All attending the event were invited to participate in discussion and the following areas were discussed

10.1 Technological Innovation

Discussion ensued around various technological innovations that could be used to enhance the service. These included GPS tracking, where the location of individuals' at risk could be identified. Also a wrap-round integrated IT system which allows for the easy flow of referrals and subsequent feedback which could enhance care.

Other suggestions included patching callers directly through to other services such as Samaritans or NIAS, instead of having to make a separate call. These 'triggers' would assist in speeding up the interface for service users.

One provider described how their service (similar to LCRS) already provided some of these IT enhancements, with service users, particularly young people, contacting them via a new 'app' that the provider had launched. Another provider described how service users may prefer to make contact via text, if they found it difficult to talk and it was generally agreed that this may be more suitable for younger people. The 'text' approach has helped in the reduction of non-attendance rates. One provider cautioned against the use of IT innovations stressing the need for sufficient resources and appropriate governance. They further stressed the need to ensure a completely safe system. With the speed of innovation it was suggested that it would be beneficial if the specification could allow for some innovations.

10.2 Network

PaLS described the fact that although the strategy for Lots has not yet been finalised it is highly likely that there will be a number of providers. The PHA envisages forming a network forum, and sought the provider's thoughts on this approach. One provider strongly agreed with this method citing a current example they are involved in where regional meetings with all the providers and the PHA are held regularly to discuss the service in question, as well as other network meetings with all the providers only. The provider commended the benefits of such an approach which resulted in building relationships between providers, sharing thinking and learning, also sharing solutions. The provider felt that without the networking forum it would be much more difficult to deliver the service.

Another provider described a similar method where mental health collaborative hubs were formed; they too agreed that joined up working was a very sound approach.

A different provider suggested pushing it out even wider that this, with the aim to encourage greater learning for GP's, family members, employers. This provider suggested benchmarking against best practice elsewhere with the potential for an annual conference which would highlight the positives outcomes and show how well the service works.

10.3 Transition Period

The PHA sought comments on the estimated 6 month (maximum) transition period. There were no specific comments and all agreed that it sounded reasonable.

10.4 Innovation - Service

As part of the support services', complementary therapies will be available on a controlled basis with criteria based access being developed. All were asked for their thoughts on how best to identify those suitable for this service. One of the providers felt that for clients who are extremely stressed or anxious complementary therapies should be used in advance of any sessions, thus making the sessions much more productive. Their experience of taking this approach had been positive.

Another provider felt that from their experience it should be left to the provider's discretion as to when complementary therapies are introduced for a client. If a client is in crisis then it may need to be included at any time along their care journey and not just at the start. The introduction of complementary therapies should be based on client need.

10.5 Service user feedback

It is essential to seek service user feedback on any service but given the nature of the LCRS all were asked for comments on what mechanisms could be used to gather such feedback. One provider recommended considering international evidence based approaches which could include a post card follow-up asking - *How are you? How was the service?* The experience has been that providers get a good feedback to this approach although there were mixed views as to whether this was a success with one provider stating the returns are poor (under 40%). Other providers stated the need for confidentiality and cited a current service they work in that sends out letters with SAE's included, this approach resulted in a very poor return. One provider suggested researching how other crisis helplines seek such feedback.

It was generally agreed by all that seeking service user feedback was a difficult area given the sensitivities of the service. One provider stressed the need to be very careful in seeking feedback from service users as it could cause stress/anxiety to people who do not wish to talk about experiences now in the past, with the risk of being re-traumatised. It was noted that generally the public are reticent to complain and when service users give feedback it is generally positive.

One provider suggested the use of a 'secret shopper' model that would be independent of all parties, as is used in other commercial services.

10.6 Outcome Based Approach

With the move in the Draft Programme for Government towards an Outcomes Based Approach for service delivery, all were asked for their suggestions as to how this could be achieved. One of the providers felt that the current CORE system works fairly well, with clear reports showing how providers are operating. Another provider suggested looking at a UK model where costs are related to outcome. Another provider agreed that the CORE system is good but it should be a CORE evaluation for each session so that patterns can be detected early and deterioration in service users detected quickly. One provider highlighted that it would be difficult to measure the overall long term outcome for service users as the telephone service was not there to provide long term therapy but rather for stabilisation and reducing immediate risk. A different provider felt that outcome based approach is the most appropriate direction of travel that should be taken forward but it needs to be right and meaningful.

All agreed that an Outcomes Based Approach is a relatively new concept in NI but it is the direction of travel to ensuring the best outcome for service users. One provider mentioned the use of Outcomes Based Approaches in England, Wales and Scotland that could be researched and considered in NI.

11. Areas for Discussion / Consideration – New Service Model

At this stage in the meeting all were asked to offer suggestions on areas that the PHA could consider in the delivery of the new service model. The following areas were discussed:

11.1 Accessibility of Service

It was suggested that depending on the size of the HSC Trust it was important to have local provision, with service users not having to travel long distances and incur the costs that that entails. Another provider suggested some users do not want to have services too close in case they are recognised and there needs to be a diversity of options locally that gives choice.

11.2 Sensory Disability

Engagement with the deaf community was discussed and it was agreed that counsellors need access to signing facilities; training in signing can be costly. A Deaf pilot is underway in Birmingham, and it was suggested some learning could come from that. A provider added that it would be beneficial if there was the appropriate literature aimed towards different minority groups and service users of all abilities.

One provider suggested that there was a need to raise the profile of the LCRS with deaf communities.

11.3 Language Barriers

With a range of minority and ethnic groups now living in NI the language barrier can be challenging. One provider felt that the interpreting and translation services they access were very good, whilst another provider disagreed and stated that in their experience the quality of such language services is variable. All agreed that there is a perceived concern regarding confidentiality and miscommunication when there is a 3rd party involved.

11.4 Assessment of Risk

One provider expressed concern about the risk guidelines with ratings as low, moderate and high and referenced the NICE guidelines. They had concerns with suggestion that only those at immediate risk of suicide would get referred to counselling and that Service Users deemed to be of low or moderate risk would not receive immediate support as at the first point of contact the assumption of the level of risk is not always obvious or accurate.

11.5 Provision for Child and Family Support

One provider raised the need for more intensive support for families. The provision for child and family should be across wider age groups, adopting the social work principle of "Think Child, Think Parent, Think Family". The upper age limited for a child or young person should be raised from 18 to 25. Adopting a youth work model approach would be worth considering.

11.6 Information Sharing

It was suggested that it was important that critical information in respect of the LCRS is shared with primary care services, it was suggested a similar approach to how GP's are updated by the out of hour's service could be adopted. This could be via a development to an IT system which would facilitate patching information to the service users GP.

12. Procurement Plans

The EU Procurement Regulations apply to this tender and the EU Open Procedure will be used. A Contract Adjudication Group will be established and they will evaluate the tender and make the decisions, PaLS will facilitate the procurement process.

The tender opportunity will be advertised on the procurement portal – eTendersNI.gov.uk
All were advised to register on the eTendersNI portal as soon as possible to be prepared in advance of any Tenders being advertised. Part of the registration will include a DUNS number which can be acquired. When first registering, providers will need to download the tender preparation tool (20.1MB) which takes time. They will also be required to choose a Common Procurement Vocabulary (CPV) code(s) that they are interested in. The CPV code in relation to LCRS is 85000000. Once registered, the portal will notify providers via email when tenders relating to their chosen CPV codes are advertised. It is still advisable to check the portal regularly for tender opportunities.

When the tender is advertised all were advised to read the tender documents in full and follow all instructions. During live tender there is a facility to ask clarification questions via the portal when you do not understand the question or what is in the tender. This is an on line tender return via the portal with an electronic shutdown at the closing date/time so all were advised not to leave it to last minute for upload of your tender return.
It was stated that PaLS encourage tenderers to bid, encourage consortiums or groups of providers to come together to bid.
Note - It is your responsibility to find this tender opportunity when it is advertised.

The estimated procurement timetable was described as follows

- Tender advertisement –October 2017
- Tender closes – November 2017
- Tender Adjudication –December/January 2018
- Intention to Award (Mandatory Standstill) – February 2018
- Award / Regret letters -inform Tenderers – February 2018
- Transition period - maximum 6 months

It was noted that these are highlight dates only and are subject to change.

13. Next Steps / Actions

The PHA will consider the suggestions made and the feedback from providers today in developing the tender specification. It was noted that items can only be included in the specification if they are feasible, affordable and fit within the scope of this tender. Anything included in the specification must also be in keeping with the relevant legislation.

The next step for the PHA and PaLS will be to move forward with the procurement.

14. Additional Questions.

The following additional questions were asked -

- One of the providers suggested when looking at core costs that the PHA need to take into account DNA's and inflation. PHA/PaLS agreed that the service needs to be sustainable and realistic.
- Another provider mentioned the Information Management System (IMS). Orla informed all that IT colleagues will be following up with a separate PIN or a Request for Information regarding the IMS. IT colleagues are developing options in this area; it is likely to take the format of a questionnaire. The information gathered will help to inform the specification.
- Another provider raised a question directly with Orla and Brendan in respect of the proposed Clinical Evaluation of the existing service asking would it be going ahead before the tender process. Brendan advised that the PHA would be writing to the current provider about this.

15. Conclusion

In conclusion all were informed that should any provider have other questions they can be emailed to PaLSinfo@hscni.net. This email address will stay live for the next month.

These minutes and the associated presentation will be shared with all providers who have expressed interest in the PIN, They will also be posted on the PHA website and included in the suite of tender documents when it is advertised.

Other information to note

PaLS ran a series of HSC Procurement Awareness Sessions from March to June 2017. The presentation delivered at those events and a copy of the Questions and Answers from all events is available to view on http://online.hscni.net/.