



**Document 2: Specification For:**

**Mental Health Prevention and Enablement**

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**1. Introduction**

**Purpose**

Stockport Metropolitan Borough Council (SMBC) is commissioning Mental Health Prevention and Enablement services. This service is part of a broader mental health transformation model designed to support an integrated approach.

**1.2 National Context**

1.2.1 Wellbeing and mental health: Applying All Our Health - GOV.UK (www.gov.uk) provides a national picture informing us that, “People with severe mental illness (SMI) such as bipolar disorder or schizophrenia have a life expectancy up to 20 years less than the general population, and the gap is widening. This is mostly from preventable physical health problems, such as cardiovascular disease. It is estimated that for people with SMI, 2 in 3 deaths are due to physical illnesses and can be prevented.” Also, the lack of social interaction and loneliness are contributory risk factors for physical and mental health problems and these factors increase the risk of premature mortality by 30%.

1.2.2The Department of Health and Social Care published Statutory guidance on discharge from mental health inpatient settings in January 2024. This outlines eight key principles for how Health and Adult Social Care should work together for effective discharge planning from all mental health inpatient settings. Highlighting that patients have access to a continuum of care from inpatient treatment to community support. Discharge from mental health inpatient settings - GOV.UK (www.gov.uk)

**1.3 Regional context**

1.3.1 Greater Manchester Published the [Mental Health and Wellbeing Strategy 2024 - 2029 (gmintegratedcare.org.uk)](https://gmintegratedcare.org.uk/wp-content/uploads/2024/03/mental-health-and-wellbeing-strategy-v11-pdf-accessible.pdf) which provides the regional framework and the Joint forward plan. Headline data for mental health shows that around 80,000 people in Greater Manchester are in contact with mental services each month. One in five working age adults are economically inactive, more than the national average. Those with serious mental illness are experiencing inequality in life expectancy, dying on average 17 years earlier for men and 15 for women than the general population. And older people who self-harm are at three times greater risk of suicide than younger people who self-harm.

**1.4 Local context**

1.4.1 Locally Stockport has a dedicated one borough plan that is informed by Stockport Joint Strategic Needs Assessment (JSNA) to shape the market offer in line with the local population's need. Highlighting key areas of focus for mental health outcomes.

1.4.2 One Stockport Mental Health and Wellbeing Strategy aims to achieve that; People facing mental health challenges will feel valued and understood and receive the support they need when they need it. Our mental health support services will be adaptable, continuously learning from lived experiences and responding to our individual needs quickly and effectively, helping us to reach our goals.

1.4.3 Our five ambitions represent the key programmes of change over the next seven years to achieve our vision. These ambitions take a public mental health approach, across all ages. This means our work spans the promotion of mental wellbeing for everyone, prevention of mental health problems, and improving the lives of people experiencing mental health problems, whilst addressing inequalities in mental health.

**2. Aims**

* 1. This specification and provided terms and conditions formulate the basis of this contract. Providers should ensure they are fully versed on both documents.
	2. This service is aimed at adults who are currently receiving or have previously required secondary care mental health services.
	3. This commission aligns to the local authority’s responsibilities to ensure that mental health services are accessible and relevant to the diverse needs of individuals facing mental health challenges, including those with Serious Mental Illness.
	4. Community recovery plays a vital role in an individual’s journey to prevent, reduce and delay further mental health crisis. The service design is based on these principles and will further promote enablement outcomes to enhance individual resilience and support sustainable recovery.
	5. Provide an innovative approach to equality, diversity and inclusion.

**3. Scope**

3.1 SMBC are asking providers to design a Community Mental Health Prevention and Enablement service, that has a dynamic offer which incorporates co-production at its core.

3.2 The current provision is held by two separate organisations under two separate lots that include building-based activities and community outreach and engagement. This tender will combine these two lots into one overarching provision that will deliver an inward and outward facing recovery approach. The building is included in the procurement and consists of office space, group rooms, a café, a small garden and car park.

3.3 **The current service delivery**:

**The centre-based service** provides support services to individuals experiencing mental health issues, aiming to enhance their wellbeing and foster recovery. Including social and therapeutic activities, one-on-one support, counselling sessions, wellbeing workshops, young adults project and community outreach activities, community hub worker. Providing weekday and weekend activities in a flexible way that responds to seasonal demands. With currently 250 active members and take an average of 140 new referrals annually. The team is made up of a service manager (FT), deputy manager (PT) and a mix of full and part-time support workers and a social worker all of which are complimented by a range of volunteers. The current provider also provides added value to the above through partnership work and initiatives through other funding streams.

**The community outreach provision** meets people in their own homes or communities to provide a holistic assessment of need and offer extended brief interventions over 12 weeks to support individuals to address immediate risks and needs. Linking directly to community groups and activities that enables individuals to establish skills and meaningful activity within their local community. Providing onward referrals to specialists for ongoing support needs and voluntary and employment opportunities. The team is made up of Mental Health Team Senior, Triage worker and 3 mental health engagement workers holding an average caseload of 20 individuals and taking an average of 400 referrals annually. Also having an active role in coordinating the Mental Health Network which brings the third sector together to ensure that the wider social and community networks are promoted and supported to enhance their offer and reach.

3.4 This service will work as part of the integrated mental health offer in Stockport. Working alongside current local and regional provisions to provide a high-quality seamless transition into community support. Ensuring that the service does not duplicate nor replace existing services that are supported or commissioned by the Council or other public body.

3.5 The service will have a Gloriously Ordinary Lives ethos that ensures language and material is suitable to the needs of those accessing the service.

3.6 We welcome provider collaboration, partnership working and alliances, with a lead provider for contracting purposes.

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|  **When we know it’s working**  |
| **More people continue to live well at home (wherever that may be) through access to the right support, at the right time, in the right place****We see an improvement in people’s recovery journeys, and an increase in satisfaction and better outcomes for people****We enable people to have choice and control over their recovery and support, close to their own community underpinned by strength-based approaches****There is an improvement in the local offer to people by shaping a diverse market with a range and concentration of recovery and support, assets, infrastructure, and community wealth****We increase joint working and collaboration across the system, improving communication, information sharing and individual outcomes.****People have increase confidence, skills and self-belief and understand what support is available and how and to access it.****We reduce the time people spend in commissioned services and a move towards community engagement, education, employment and activities that bring purpose.** |

**4. Overarching outcomes**

4.1 Providing bespoke outcome-based commissioning that responds to the needs of the Mental Health and Serious Mental Illness population. As well as agile outcomes to enhance the offer and response to the local demographic profiles and assessment of demand via grant funded programmes.

4.2 Supporting people to live well in communities and preventing people from going into hospital settings. Having good, meaningful lives with choice, control, aspirations and friendships/relationships and great outcomes.

**ONE HEART**

The intended outcomes will provide;

* A single point of assessment
* Prevent admissions to hospital by enabling individuals to identify their needs in relation to their own mental illness and wellbeing. Provide an offer that builds individual “toolkits” to increase knowledge and resilience and individual outcomes.
* Addressing physical health co-morbidities through alliance working with health. Focusing on the SMI population to access health education and interventions.
* Will offer opportunities for social work engagement including innovative ways of supporting wider social work tasks e.g Placed based opportunities.
* Collaboration to address loneliness
* Embed co-production and have a co-production plan
* Provide specialised support for pre-diagnostic neurodivergent groups

**ONE HOME**

* Develop a peer support offer that enhances individual’s self-management and overall wellbeing
* Develop relationships and pathways with other services to meet the needs of individuals with housing and complex needs.

**ONE FUTURE**

* Deliver a model that encompasses life skills that empower individuals to self-management. (Finances and budgeting / cooking / coping skills)
* Reducing digital exclusion.
* Deliver recovery education
* Develop a voluntary and employment pathway

In the delivery of this contract SMBC will be working with the successful provider in a flexible and innovative way that draws on the principles of outcome-based commissioning. Allowing the successful provider to flex the service offer to meet identified local needs.

**5. Service Specification**

5.1 The vision for the service is to offer a holistic recovery pathway that offers “just enough” support to individuals at each stage of their recovery journey. The service specification below gives an overview of the expectations from the point of referral to enablement. Providers must be able to deliver an individualised and flexible approach in line with the pathway below.

**5.2 Referral and Allocations:**

5.2.1 The provider is to offer one single route for referrals from secondary care mental health services, specialist services and self-referrals. Taking over the current referral pathway to provide a single point of contact for triage and co-ordination. The provider will work closely with other ICB and ASC early help provisions to ensure the referral process reduces the need for re assessment or multiple and/ or repetitive processes for the individual. The process should be committed to ensuring that individuals are allocated the right service, at the right time to receive the right support.

**5.3 Assessment and Recovery Planning:**

5.3.1 The provider is to deliver assessments and recovery planning processes that are accessible and co-produced with individuals embracing a person-centred approach, utilising Trauma Informed assessment and goal setting, that use “I” and “we” statements and are reviewed to ensure they remain relevant to the individual’s circumstances. Plans will be Co-produced to develop an offer that has a start, middle and end

5.3.2 Undertaking reviews that celebrate individual achievements by capturing outcomes of goals and measured mental health and wellbeing improvement. The provider will be required to utilise a recognised evidenced based tool to capture overall service impact data (e.g.: SWEMWBS)

5.3.3 Supporting people to access other resources including health, social care, education, training, access to work and leisure services, linking people into their community and supporting socially inclusive activities that further their own goals.

5.3.4 All individuals should have a clear pathway back into the service to support with relapse prevention, enabling an individual to restart or access timely interventions that celebrates individual strengths and assets and prevent further decline. This may include providing light touch support that enables the individual to re-access and exit the service in the safest way.

**5.4 Service Options**

5.4.1 Providing a therapeutic recovery and life skills programme of activities that is accessible and incorporates personal choice and the opportunity to develop coping mechanisms for mental health self-management.

5.4.2 Delivery of a dynamic and flexible timetable that allows for structured and non-structured attendance. Short term group work, allocation of recovery navigators with clear review periods, access to external groups including Practical and emotional specialisms, Support and guidance around housing, welfare rights and localised support to meet these needs.

5.4.3Delivering workshops and courses in alliance with health and VCFSE organisations to provide a joined-up care approach for the individual. That recognises the direct relationship with mental health and physical health for people to age well.

5.4.4 Incorporating place-based opportunities with health colleagues for the enablement and facilitation of targeted health improvements. With an understanding of how the service contributes to the Living Well agenda

5.4.5 Support for people to develop digital skills and maximise the opportunities technology can bring to their daily lives.

**5.5 Community Enablement**

5.5.1 Utilising the assets that are already established within the community to promote place-based options.

5.5.2 Providing community localised offers, that utilise community resources and green spaces and provide a clear route to access; the voluntary sector, social enterprise, voluntary education and employment.

5.5.3 Involving carers and family, recognising the triangle of care and signposting to specialist advice and support services.

**5.6 Equality, Diversity and Inclusion**

5.6.1 The provider must ensure that there is equitable access to the service regardless of race, ethnicity, gender, sexual orientation, disability, age, religion or socioeconomic status

5.6.2 The provider will need to evidence cultural competence, understanding the diversity in local communities and within the service and ensuring that staff have awareness and training on equality, diversity and inclusion.

5.6.3 The provider will work with the local authority and key stakeholders to identify hard to reach groups. Including links with MEAM (Making Every Adult Matter) Hub supported by Adult Social Care and the High Intensity User Group supported by The Red Cross.

5.6.4 The service will be agile in approach to operational delivery by monitoring and evaluating the active population need and allocating appropriate resources accordingly and in partnership with the MEAM Board.

5.6.5 The service will Incorporate and be driven by Co Production and a Peer Support approach, developing and maintaining connections to VCFSE and local community groups and universal services that provide well-being activities, education and access to employment to support the long-term management of mental health.

5.6.6 The provider will work with the council on identifying appropriate and meaningful ways in which to support individuals in early adulthood to navigate the preventative mental health offers.

**6. Financial**

6.1 The financial envelope for year 1 of the service is shown in the table below. Bids should be made on 24/25 rates. The Council acknowledges that a fee uplift process is required with the successful provider prior to the service commencing and any negotiated fee uplifts will not exceed those outlined in published council papers. Due to the preventative nature of the contract fee uplifts will be negotiated annually as detailed in 6.7

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| **Mental Health and Prevention Service** | **£322,000** |
| **Grant funding**  | **£30,000** |
| **Total** | **£352,000** |

6.2 Providers must submit a 1-year financial breakdown for the service provision, for the year 24/25. The Council runs an annual fee uplift process which will be allocated to this provision in the new financial year. The breakdown needs to include all staffing, additional resources and running costs for the premises of which utility costs are currently **£14,866 (per annum).** Providers should refer to the TUPE information provided and note that this tender is combining two previous contracts.

£157,016 – Community Based Offer

£194,940 – Centre based Offer

6.3 A building has been identified for the delivery of the main service, there are no attached rental costs, however the provider will be expected to meet the costs of the utility charges and have suitable contents and public liability insurance.

6.4 Providers will be expected to demonstrate best value in respect of utilities and other services and should actively seek to reduce costs where possible.

6.5 Within the agreed contract budget, there is an expectation that a number of groups will be regularly run from alternative accessible venues to encourage engagement from hard-to-reach groups and embrace a localised approach. The Service Provider will be expected to work in partnership with other organisations to secure venues and incurred costs will need to be covered within the existing budget.

6.6 Providers are expected to find ways to maximise funding and opportunities for the service, this may include utilising ‘Match my Support’ through social value, applying for grants and funds that available that can enhance the offer delivered through the contract.

6.7 The Contract will be subject to an annual price review. The price may be adjusted upward or downward on each anniversary of the Commencement Date by an amount that is mutually agreed by the Council and the Service Provider and that is reflective of the market conditions at the time. Such adjustment shall take place only once at the beginning of each Contract Year and quarterly contract monitoring will monitor actual expenditure to establish the ongoing financial position, including in relation to any underspend. The Service Provider shall give the Council a notice in writing that shall include evidence of any increase or decrease in the Service Provider’s actual costs in providing the Services including labour costs. The Parties may then agree an increase or reduction in the price.

**6.8 Grant Funding**

6.8.1 As part of the contract £30,000 per annum will be provided to the service to deliver grants to the VCSE sector. The Provider will implement and manage grant funding to enhance the services offered in response to identified gaps in current Borough wide provision. This funding is allocated to ensure that the service remains relevant to the population's needs and will allow for pilot programmes to be delivered. Providing evidence for ongoing need and creating opportunities for independently run peer groups, establishing a forward plan from utilisation of the service.

6.8.2 Using data and feedback collected from those who use the service, ASC, ICB and other relevant stakeholders. The provider will in agreement with SMBC identify targeted areas for the grant funding. The grant funding element will be reviewed at a minimum annually to ensure its effective use, management, implementation and impact.

6.8.3 As part of this process there is a need for an agreed implementation and financial management process for the allocation of grants.

**7. Operational requirements**

**7.1 Experience skills and knowledge**

7.1.1 Providers will have.

* Extensive experience, expertise, skills and knowledge of supporting people with mental health needs, serious mental illness and recovery to prevent crisis or hospital admission.
* A clear and up to date understanding of relevant legislation and guidance, including (but not limited to) the Care Act, Mental Health Act, Mental Capacity Act.
* A commitment to adopting an inclusive and supportive approach to recruitment and staff support; and extensive experience of providing good quality evidence-based care and support.
* Experience of providing specific training required for staff supporting individuals with mental health issues, neurodiversity and multiple disadvantages.
* Staff will be highly skilled and able to facilitate pro-active and re-active interventions, and where necessary a clear understanding of the implications of a dual diagnosis of Mental Health and Learning Disability.
* A comprehensive specialist and mandatory training plan, based on the needs of the service.
* A clear and ongoing supervision and appraisal programme for all staff.
* A values-based recruitment
* Experience of providing specialist roles such as trusted assessor should this be required as part of the contract

**7.2 Co Production and Engagement**

7.2.1 We want to ensure that individuals who get care and support have a voice and are at the heart of service design, delivery, and evaluation through a co-commissioning approach. Providers must demonstrate a good understanding of co production and aspire to include and involve individuals using the service in all elements of design and delivery

7.2.2 The provider must promote wider engagement opportunities within the Borough, including opportunities available through Adult Social Care’s Making it Real Board and ICB Living Well programmes

**7.3 Mental Capacity and Safeguarding**

7.3.1 The Provider will be committed to adhering to the 5 key principles of the Mental Capacity Act:

* A presumption of capacity
* Individuals supported in making their own decisions.
* People have the right to make unwise decisions.
* Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
* Anything done for or on behalf of people without capacity should be an option that is least restrictive of their basic rights - as long as it is still in their best interests and is compliant with over-arching legislation.

7.3.2 The Provider will ensure that all staff are trained in SMBC’s Safeguarding Adults Policy and Procedures and Mental Capacity Act.

7.3.3 The Provider will ensure that all staff understand their responsibilities under SMBC’s Safeguarding Adults Policy and Procedures and the Mental Capacity Act and are committed to compliance thereof.

7.3.4 Providers will have a clear understanding of locality Safeguarding Adults Board’s Policy and Procedure and will embed this within their organisation and training programmes.

7.3.5 The overarching principle is that individuals can live safely, free from harm, and abuse or the fear of abuse, in communities that:

* + Have a culture that does not tolerate abuse.
	+ Work together to prevent harm and reduce the risk of abuse.
	+ Know what to do when abuse happens.
	+ To implement the principles of making safeguarding personal to safeguard adults in a way that supports them in making choices and having control about how they want to live.
	+ Promote an approach that concentrates on improving life for the adults concerned.

7.3.6 Providers must accept individual and collective responsibility to ensure that they:

* + Follow the Multi Agency procedures when responding to abuse.
	+ Promote good practice to prevent abuse and commit themselves to the underlying values and principles on which the local Safeguarding Adults at Risk policy is based.
	+ Encourage and permit staff to attend relevant safeguarding adult training and provide appropriate resources for staff to meet the requirements in the Safeguarding Adults at Risk in LA Policy.
	+ Raise awareness of adult abuse issues within their own agency and the wider community.
	+ Take timely and appropriate action to protect when suspected abuse is identified. All safeguarding concerns must be reported to the local safeguarding service and the commissioner informed. The Provider will communicate with and work closely with the members of the local multi-disciplinary teams to assess, monitor progress and revise plans accordingly.

**7.4 Quality**

7.4.1 The provider must have a Quality Assurance process in place that enables analysis of the impact of the service alongside the quality of processes, record keeping, communication and workforce practices. With systems in place to capture compliments, complaints and concerns and clear policies and procedures in place to respond to these effectively and in a timebound way.

7.4.2 Quality assurance and performance monitoring arrangements for the service will be co-designed and agreed as part of the mobilisation of the service

7.4.3 The Provider should:

* + Ensure that records are kept up to date, are accurate and of a high quality.
	+ Provide any monitoring evidence and reports as required.
	+ Comply with routine quality assurance process which can include peer review, internal audit which is reported through governance and results in a monitored improvement action plan.
	+ Provide information as agreed through co-design with the commissioners for monitoring and evaluation purposes. This will be based on but may not be limited to outcomes from individual plans and any other stipulated indicators and measurements.
	+ Attend regular monitoring meetings and provide evidence to demonstrate that the service is being delivered in accordance with the service specification.
	+ Ensure that individuals have an intrinsic role in the monitoring of quality.

**7.5 Contract Monitoring**

7.5.1 Reporting of agreed key performance indicators, activity to support this and impact via quantitative and qualitative methods is required. With a minimum of quarterly report submission and meeting with allocated member of the ASC Commissioning team.

7.5.2 Provide evidence of the input and impact that the service has had on individuals lives. Being innovative and creative in this and ensuring relevant to the wider outcomes and gloriously ordinary lives ethos. Including but not exclusive to videos, recovery stories and celebrations of activities and achievements that have enhanced an individuals or groups mental health management and overall wellbeing.

7.5.3 In line with SMBC’s vision utilising an outcome-based commissioning model KPI’s will be set in line with identified of need, recognising that these can change in response to demand from the local population. We envisage a partnership approach to establishing outcomes, KPI’s and evidence-based impact.

**7.6 Advocacy**

7.6.1 The Provider will commit to:

* Ensuring that all relevant staff are fully aware of the role and purpose of formal advocacy – Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, Health and Care Act 2022 Advocacy and provisions therein, as well as non-instructed advocacy and self-advocacy.
* Active referrals and support to access advocacy provision.
* Ensuring that the people supported are aware of the different forms of advocacy available to them, and that they are supported to access it when needed.

**7.7 Workforce**

7.7.1 Providers are encouraged to join the Greater Manchester Good Employment Charter Greater Manchester Good Employment Charter and look at the resources on offer through the GM Social Care Academy Greater Manchester Social Care Academy.

7.7.2 For people to receive the best possible support, we believe it is important to have a workforce with the right values and behaviour’s, who are caring, compassionate and kind, working in a person-centred way with the necessary competence and skills. The workforce should be enabled and encouraged to work in a creative, person-centred way, building good relationships with the aim of creating a better more connected experience using person-centred conversations, approaches and innovative solutions to provide support that works well for people.

7.7.3 To achieve this the provider will recruit and employ an appropriately skilled and competent workforce, offering them fair and equitable terms and conditions of service, ensuring role competence and raising career aspirations through training and development pathways, and will provide them with the support through supervision and person-centred leadership, to have the confidence to support people to the best of their abilities.

7.7.4 Motivational and supportive leadership will ensure that the workforce is enabled to support people to the best of their abilities in a creative and person-centred way, whilst also providing robust supervision and management arrangements. Regular workforce supervision arrangements should be in place to provide a safe, supportive and confidential place for staff to practice reflection and learning, and these will be supplemented by an annual appraisal to identify development needs and put strategies in place.

7.7.5 Good employment practice will be followed with appropriate policies and procedures in place for sickness management, disciplinary and grievance investigations and procedures and other people management functions such as a code of conduct that provides clarity of expectations to staff and to promote compliance with the support identified in support plans, risk management plans etc. Practice as a minimum will cover legislative requirements for employers as set out in:

• Employment Rights Act 1996

• Working Time Regulations 1998

• Pensions Act 2008

• Equality Act 2010

• Health and Safety at Work Act 1974

• Data Protection Act 2018

**7.8 Health and Safety**

7.8.1 The Service Provider is responsible for ensuring that all requirements of all relevant Health & Safety Legislation and Regulations are met in the provision of all Services under this Contract.

**7.9 Technology and Innovation**

7.9.1 The Provider will, in partnership with the commissioner, be able to evidence and execute a plan to promote the use of technology as part of the service offer. This may include (but are not limited to):

• Managing the support network around the person

• Improving access to advice and support

• Supporting people to access primary and secondary care

• Maintaining and/or improving a person’s independence

• Maintaining and/or improving a person’s social participation

• Online Booking system for active members

**8. Social Value**

8.1 Greater Manchester Combined Authority (GMCA) have produced a checklist to help you plan how you can maximise social value in your business, your community group, your organisation, and take part in making Greater Manchester a better place. This supports the implementation of the 2014 GM Social Value Policy and a Framework that can be used across all sectors to guide actions and maximise impact for Greater Manchester and its citizens. The Framework is built around the following six priorities:

1. Provide the best employment that you can

2. Keep the air clean in Greater Manchester

3. Create the employment and skills opportunities that we need to Build Back Better

4. Be part of a strong local community

5. Make your organisation greener

6. Develop a local, GM based and resilient supply chain

8.2 Social Value submissions for this contract must be related to the following TOMs only. These TOMs have been agreed for all Adult Social Care Contracts.

* **NT1**
* **NT75**
* **NT4**
* **NT4A**
* **NT76**
* **NT9**
* **NT10**
* **NT11**
* **NT12**
* **NT18**
* **NT39**
* **NT26**
* **NT27**
* **NT28**
* **NT29**
* **NT52**