

Meeting: Strategic Commissioning Board			
Meeting Date	01 February 2021	Action	Approve
Item No	8	Confidential / Freedom of Information Status	No
Title	Getting Help Line Evaluation		
Presented By	Julie Gonda, Director of Community Commissioning (DASS)		
Author	Marina Nixon, Commissioning Manager		
Clinical Lead	Dr Dan Cooke, Clinical Director		
Council Lead	Cllr Andrea Simpson, Elected member and Portfolio Holder for Health		

Executive Summary
<ul style="list-style-type: none"> National data indicates that demand for mental health services could increase by up to 40% due to the effects of the pandemic. Local data indicates that there are high levels of people in GM who are unhappy with their life and who have anxiety. Social factors such as employment, education, family and finance are some of the key areas impacting people's mental wellbeing locally and while people would welcome improvements to health care services, non-medical interventions featured strongly in the strategies identified for staying well. The Getting Help Line underpins the wider mental health provision, supporting Bury residents with their emotional wellbeing through the provision of non-clinical interventions and helping them to navigate a complex mental health system. Early intervention is key in ensuring effective support is provided as soon as possible, with potential to reduce distress, improve people's life chances and reduce health care costs. Of the 250 people who have accessed the helpline since May 2020 the majority 77% have been supported within the lowest tier of the Bury Thrive Model (Coping & Thriving), with only a small percentage 23% needing to be referred in to the Getting Help, Getting More Help and Crisis Support offers. Performance data demonstrates an increase in referrals received month on month since the Help Line was mobilised in May 2020. We can expect demand to continue to increase as the Service is embedded into the wider mental health provision and in line with national and local predictions for increased demand for mental health services due to the effects of the pandemic. Qualitative data demonstrates high levels of satisfaction among people who use the Service and improvements in the support they receive, and outcomes achieved. Early feedback data is also starting to show that people are not accessing statutory services such as their GP or local hospital (56%) as a result of the support they receive.
Recommendations
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It is recommended that the Service is commissioned for a further 12 months from 1st April 2021 to 31 March 2022 at the current capacity, costing £158,368:

- As a key element of the Bury Thrive Model which underpins the wider mental health provision in Bury
- To continue to help meet current and predicted demand for mental health support and services in Bury
- To continue to meet national and local COVID-19 response requirements to provide non-clinical mental health support for known and unknown service users during the pandemic

The Strategic Commissioning Board are asked to approve the recommendation to commission the Getting Help Line for a further 12 months.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
<i>Add details here.</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	The Mental Health framework is part of the Health & Wellbeing Strategy.					
How do proposals align with Locality Plan?	Mental health is one of the priorities identified in the Bury Locality Plan.					
How do proposals align with the	Mental health is part of the Commissioning					

Implications						
Commissioning Strategy?	Strategy.					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
How do the proposals help to reduce health inequalities?	The Getting Help Line reduces health inequalities through the provision of non-clinical mental health and wellbeing support to the Bury population.					
Is there any scrutiny interest?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	As per standard IG requests.					
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Additional details	<i>NB - Please use this space to provide any further information in relation to any of the above implications.</i>					

Governance and Reporting		
Meeting	Date	Outcome
Mental Health Officers	11/01/2021	Approved

Getting Help Line Evaluation

1.0 Introduction

The NHS Long Term Plan sets out a priority for localities to establish 24/7 all age crisis mental health provision. In addition to the crisis care provided via NHS 111, 999 and other clinical services, the local provision must include a range of complementary and alternative crisis services to A&E and admission (including voluntary community and social enterprise/local authority-provided services) within all local mental health crisis pathways.

Earlier this year in response to the covid-19 pandemic, Greater Manchester (GM) asked localities to accelerate this priority to ease pressures on A&E and mental health in-patient services by establishing a local service with Voluntary Community Faith (VCF) partners which would triage and manage all non-urgent, non-clinical mental health support for known and unknown service users.

2.0 Background

On 4 April 2020, PCFT launched a Mental Health Helpline serving the population of the 5 localities in its footprint and supporting the wider GM model/pathway. The Helpline is a 24/7 service staffed by mental health practitioners and is available to known patients and their carers.

In order to meet the national and local COVID 19 response requirements a proposal was submitted to the Executive Director for Communities & Wellbeing, to establish a pilot over the Easter weekend for an all-age single point of access service (SPOA), which would provide triage and navigation through the local lower level mental health system. The Bury SPOA was mobilised quickly by local VCF organisation Earlybreak and a dedicated number was provided to the PCFT 24/7 Helpline team to make referrals for Bury patients. It was further agreed to extend the SPOA pilot until March 2021 to test pathways and manage the expected increase in demand due to the pandemic.

The establishment of an all age non-clinical mental health helpline also aligns with both the local Bury adults and children's mental health priorities that have been identified as part of the Thrive and i-Thrive models, recently adopted by the OCO to improve the mental health and wellbeing of Bury people.

Bury Thrive Model



3.0 Getting Help Line

The Bury SPOA rebranded the Getting Help Line was commissioned with Earlybreak for a further 10 months to provide non-clinical, non-urgent telephone support for residents in Bury of all ages who are experiencing difficulties with their emotional wellbeing. The pilot was rolled out across three phases:

Phase 1	11 th May to 12 th June 2020	Operating 9am-5pm	Accepting referrals from: <ul style="list-style-type: none"> NHS 11 Clinical assessment service Community hubs in Bury Pennine 24-7 line / GMMH 24-7 General Practices
Phase 2	13 th June to 14 th August 2020	Operating 9am-5pm	Accepting referrals from wider professionals (including HYM & EDT offers, social care etc)
Phase 3	15 th August 2020 to 31 March 21	Operating 8am-8pm	Accepting self-referrals from Bury residents

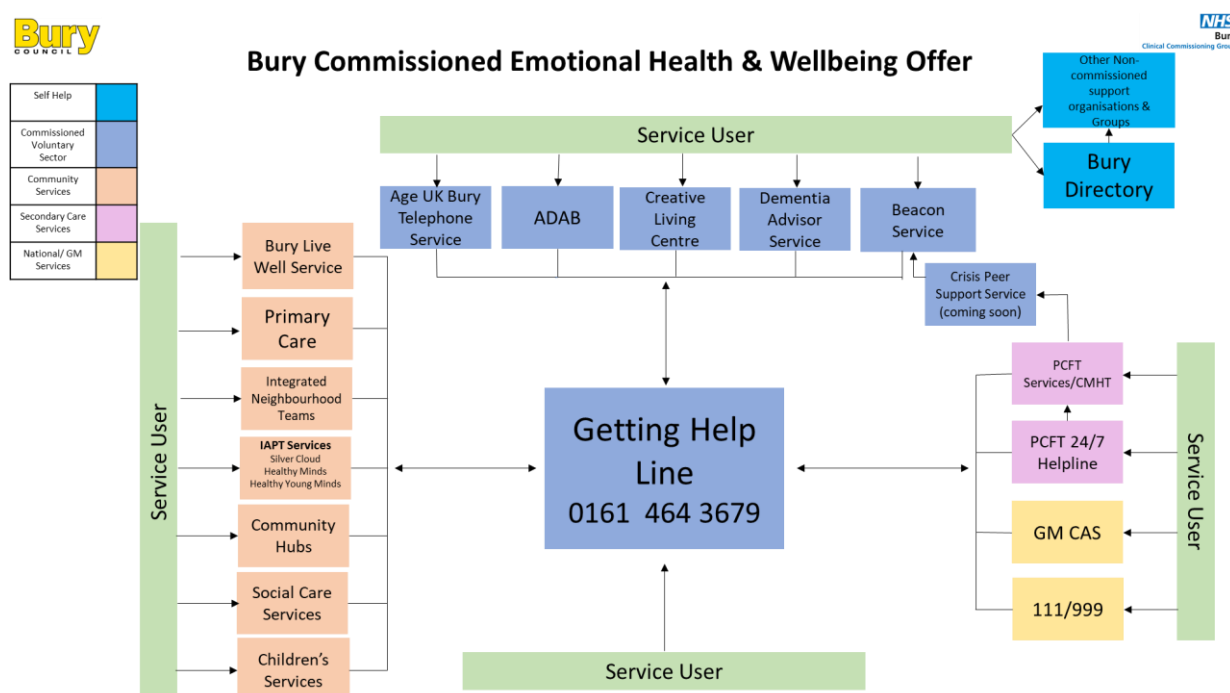
3.1 Pilot Costs 2020/21

	Pilot costs for 10 months
Staffing; call handler, admin and manager	£131,580
Operational costs (supervision, line rental)	£4,273
Database (license and IT services)	£5,000
System development and implementation	£6,000
Management fee (10%)	£11,960
TOTAL COSTS	£158,813

4.0 The Getting Help Offer

The Getting Help Line underpins the wider mental health service and crisis provision in Bury by helping people to navigate the lower level mental health system through the provision of information, advice and signposting services. The Support offer comprises of the following approaches:

- Listening space to explore people's presenting issues
- Self-care advice and guidance
- Signposting to community services which support people's needs
- Referral into mental health services where relevant (Getting Help, Getting More Help/ Risk and Crisis support)
- Advocacy support
- Provision of written information which support people's difficulties
- Provision of self-help tools such as handbooks and materials (e.g. stress balls, creative care kits, anxiety management workbooks)



4.1 Service Integration

A project group was established in January 2020 with representation from key mental health partners to deliver the Getting Help element of the Bury THRIVE model. Extensive work has been undertaken by group members and services within the offer, including the Getting Help Line, to develop partnership working and pathways between services which improves outcomes and experiences for those who use them. The Getting Help Line acts as a central hub, providing mental health advice and support for the general public, services and professionals. Its integration into the wider mental health system is key to the success of the Bury Thrive Model and the Getting Help Offer. Engagement and pathway development work carried out to date includes; primary care, CMHT, Access and Crisis Team, Beacon Service, Healthy Minds and Health Young Minds, Early Intervention Team, VCF commissioned organisations (BIG, Creative Living, ADAB, First Point, Dementia Advisors), VCF BAME organisations, Police, the Engine Room at MASH, Older People's Mental Health Services, Public Health and Adult Social Care.

There is scope to further develop the service as part of wider plans to transform the provision of community mental health services in Bury

5.0 Communications & Engagement

A comprehensive communication plan has been developed and delivered to promote the service and its offer with the general public, professionals and services.

- Development of a service brand and patient information resources
- Information packs and promotional materials distributed to general practices and schools
- Primary care information webinars
- Banners promoting the service are displayed in key areas across Bury (town centre, parks)
- Provision of comms and presentations to service providers
- Local press release and radio interviews
- Promotion via the Bury Council Christmas card
- Social media campaign
- Development of a website
- Contacting all VCF organisations in Bury to raise awareness of the service and provide comms packs
- Re-contacting all phase 1 and 2 referring organisations to remind them of the support offer available

5.1 Social Media

The Service is continually promoted across social media platforms, Instagram, Twitter and Facebook. The social media campaigns have enabled the service to reach a wide audience across Bury, promoting the Getting Help Line brand and raising awareness of the support offer.

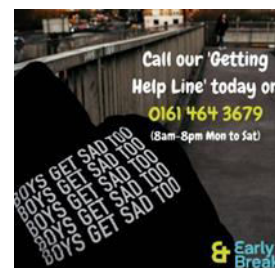
5.2 Twitter

Top Tweet's in August and October generated 2,073 and 4,336 impressions (total number of times the Tweet has been seen)



5.3 Facebook

The Service shared 37 Facebook posts promoting the Getting Help Line between 17 August and end of December 2020. Total reach for those posts were 33,472 (number of people who have seen the posts). Engagement was 10,041 approximately 30% (number of people who have given a reaction; comment, share or click).



5.4 Future planned communications and engagement work

Further targeted work is planned to attempt to increase referrals for low uptake cohorts/areas (see 6.0 demographic data).

- Targeted work to promote the service with young males i.e. walkabouts and business cards in pubs
- Targeted work to promote the service with Whitefield residents
- Targeted work with GP practices who have low referrals/uptake
- Further work with BAME organisations and communities

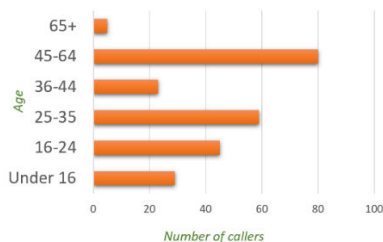
6.0 Performance Data

To enable commissioners to effectively demonstrate the impact of the pilot and the effects of the pandemic on people's mental wellbeing, a comprehensive monitoring framework which includes a broad range of both quantitative and qualitative data measures was developed and implemented at mobilisation. Data is collated on a monthly basis and submitted to commissioners for review at monthly contract meetings.

6.1 Activity

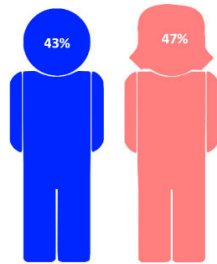
Since public launch on the 17 August, the Getting Help Line has supported 215 new referrals. Including phases 1 & 2, the Getting Help Line has supported a total number of 250 referrals

Chart showing age breakdown of callers to GHL

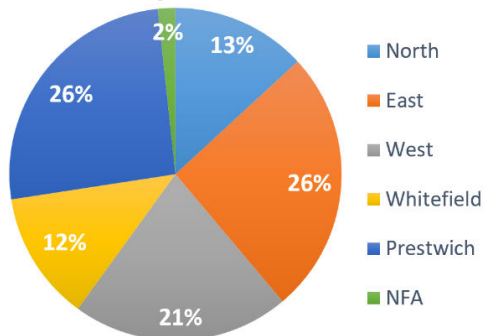


6.2 Demographics of people who use the service

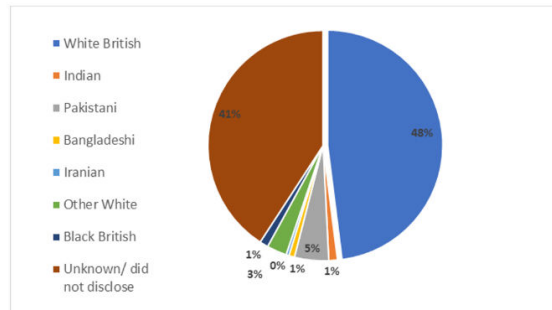
Gender identity
43% of callers identified as male, and 57% female



Residing neighbourhood of callers to the Getting Help Line May to December 2020



Ethnicity of callers to Getting Help Line May to December 2020

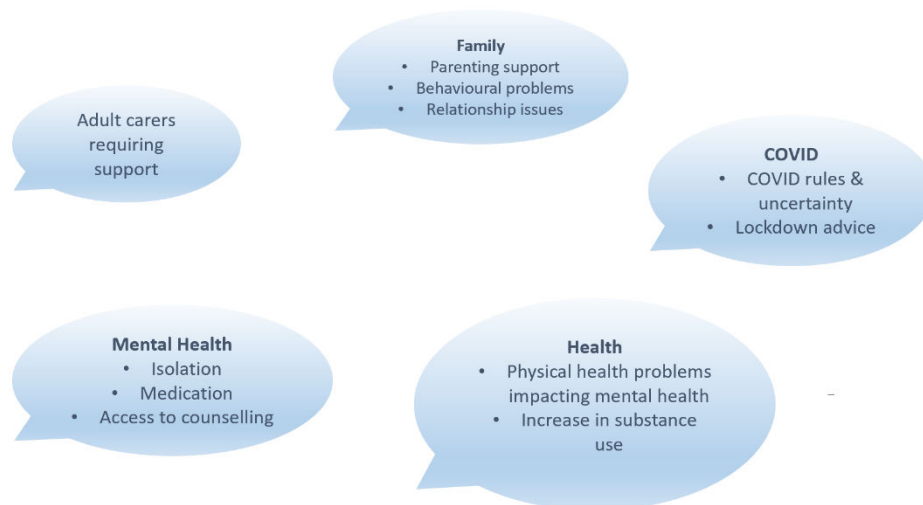


11% of service users who disclosed their ethnicity were from ethnic minority groups. Mechanisms to improve the accuracy of ethnicity recording were implemented in November 2020

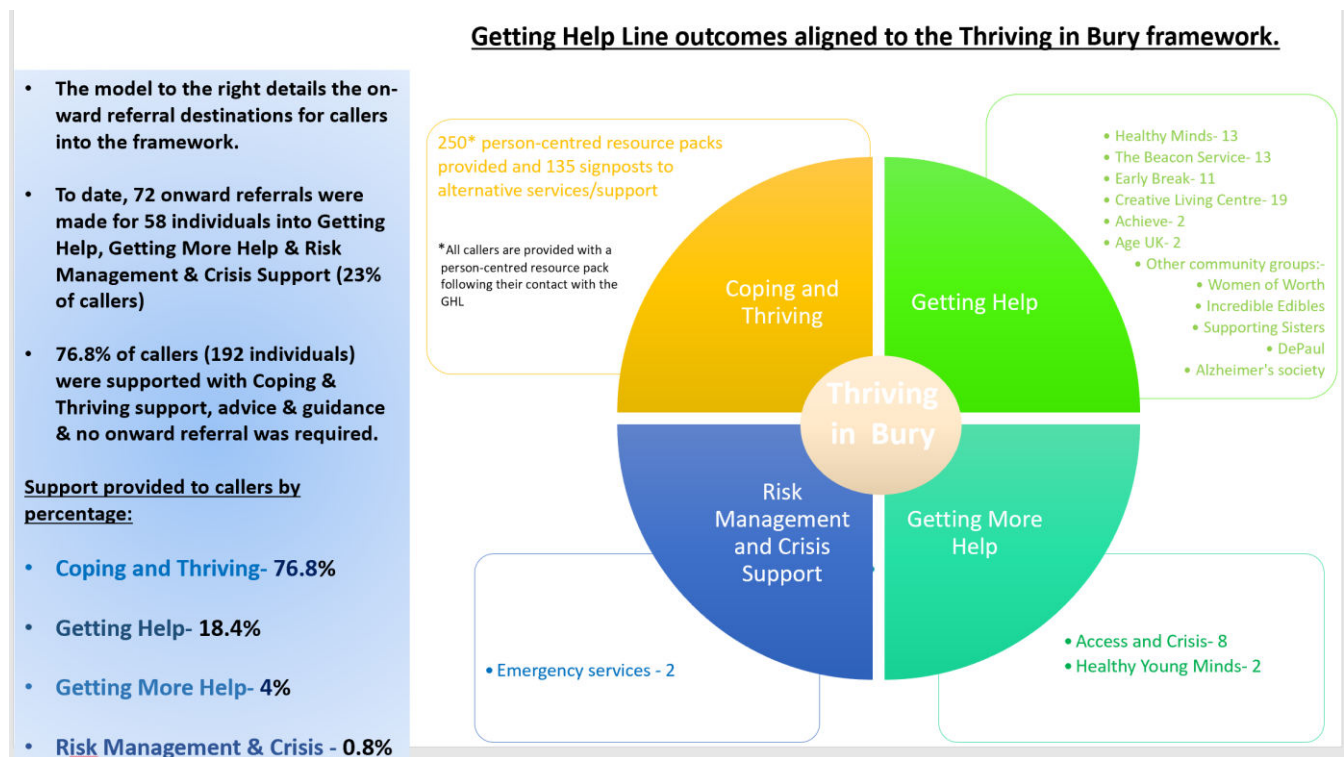
Further promotional work is planned for 2021 to increase low uptake cohorts i.e. young males, Whitefield residents, BAME groups



6.3 Presenting themes



6.4 Outcomes



6.5 Peak call times

Patterns in call volumes are being monitored by the Service, however, it has not been possible to identify any peaks in demand from the data available. This is being reviewed on a regular basis so that operating hours and call handler capacity can be adjusted accordingly.

7.0 Service user feedback

In order to measure the quality of services provided, mechanisms to collate data on the views and opinions of those who use the Service were implemented in November 2020. Response rates have initially been lower than expected and this is thought to be due to operating as a virtual service. For this reason, the Service is currently testing varying approaches to collating feedback which include; Survey Monkey, email and follow up telephone calls. Response rates are being actively monitored as part of the monthly performance data submissions.

7.1 Follow up process

All service users are asked whether they consent to a follow-up call from the Getting Help Line. It is completely voluntary and will not affect any further contact with the Helpline or the support they receive. For those that consent into the follow-up process, they are asked to complete an anonymous survey of their experience.

Service users are also contacted within 4-6 weeks of their original call, to ask how they are doing with the support they received and whether they have tried any of the recommended support options (this may include undertaking some self-led activities such as mindfulness activities, a mood diary, exercise etc or accessing another service as a result of an onward referral). These discussions are person-centred and qualitative in nature and allows for the

individual to track their situations, progress with their person-centred plan and to allow space for further support, advice and guidance.

7.2 Survey Monkey Results

November to December 2020 (response rate 14%)



7.3 Activity Deflections

National and local research expects that universal mental health services could see an increase of up to 40% in demand due to the effects of the pandemic. Locally mainstream services have not seen this level of increase to date and some of this could be attributed to the Getting Help Service deflecting activity from mainstream clinical services.

Soft intelligence shows that 56% of people who accessed the Getting Help Line would have accessed statutory services for support had the Helpline not been available and 6% wouldn't have sought any help for their problems.

When asked where they would have gone for help if they could not speak to the Getting Help Line:

- 50% said their GP
- 25% said another helpline
- 6% said hospital
- 6% said family & friends
- 6% said they wouldn't contact anyone

7.4 Feedback from professionals

We have made a number of referrals to your service and we are more than impressed with the outcome. The customers that we send through have all received support in such a speedy and professional manner. With the number of mental health cases continuing to rise The Getting Help Line is so beneficial to us at Bury Adult Care Services. We hope that The Getting Help Line continues their service for many years to come.
(October 2020)

Staff were able to know when things needed to be escalated, for example, if there was any risk, staff were able to escalate this to relevant services in the local area. This is essential!

Honestly I wouldn't suggest anything you need to change/make better (I would tell you if I did haha) but I think it's an effective helpline, useful, informative and staff just know what they are doing and have great knowledge on services that are available in the local area. I think it's been a great addition here in Bury - Well done to you and the team for making it work so well!!!
(November 2020)

7.5 Feedback from service users

"I didn't know whether to call the helpline or not. I ummed and ahed for weeks before finally calling. I'm so glad I did call because I got the help I needed. To anyone else, I'd say pick up the phone, it's a start to feeling better."

Getting Help Line
0161 464 3679
w: earlybreak.co.uk

After speaking to staff at the GHL, I feel a lot more able to reach out to other services and have more knowledge of the services in my area that may be able to help me

Staff were able to speak to me about my difficulties and I was able to understand them a lot more. Having a professional talk through my difficulties with me helped me to remember I wasn't alone and that help was out there.

"I lost my brother during COVID-19 and couldn't even say goodbye. I was filled with so many emotions I didn't know where to turn. I was lost. I spoke to someone on the GHL and now I'm attending counselling and beginning to make sense of how I feel."

Getting Help Line
0161 464 3679
w: earlybreak.co.uk

First of all I would like to take this opportunity to say thank you!!

I didn't realise how much I needed to chat like what I have with yourself over the past couple of days, something so simple can make so much of a difference so thank you so much.

"I was having a panic attack when I rang and Dionne really helped me by using breathing techniques to calm me down."

7.6 Case studies

Caller experiencing low mood and suicidal thoughts following redundancy. Describes a full & successful professional career prior to COVID pandemic, and has been relentlessly job searching (applied for over 70 jobs, attended 3 interviews) however has not been successful in gaining further employment. Supportive partner & family. Caller also lost his father 3 months ago due to coronavirus. Feeling increasingly distressed and visited his GP for advice.

Male
50 years old
(referral from GP)

Caller was about to visit A&E however GHL staff contacted him before he set-off. Offered support to caller regarding A&E, current feelings and risks. Offered listening space, an exploration of what to expect when he arrives at A&E and offered wider-safety advice. Caller then visited A&E. A&E assessment nurse (mental health liaison) contacted the GHL to ascertain actions to date and understand the support we could offer to caller. Caller was assessed and discharged from A&E due to no longer feeling suicidal with intent. A&E nurse shared the discharge plan with GHL (with callers consent). Caller rang GHL following this and explored the experience and supported a referral into bereavement counselling and caller requested support to refer into Healthy Minds for talking therapy. GHL staff supported caller to understand local voluntary sector services who can support, detailed email with services available provided. Follow-up call from GHL to check-in on his wellbeing. Mood significantly improved and grateful for the support offered. Feedback obtained verbally.

Female experiencing suicidal thoughts and feels like she has been 'let down' by mental health services. Female currently under psychiatry (adult services) but appointment not for a number of weeks and caller has 'stockpiled' medication for when she plans to overdose. Caller has had a positive experience of our services in the past and felt comfortable contacting us to explain her worries. Caller has had a poor experience of A&E and is very hesitant to attend.

Female
19 years old
(self-referral)

Explored situation with caller, exploring suicidal feelings and intent. Caller expressed mistrust of health professionals so asked us to advocate through the process. Consent obtained to advocate for caller in contacting key professionals involved in her care. Contact to psychiatrist with callers consent to explain her concerns and her outpatient appointment was moved forward to a couple of days later. Supported caller to prepare for psychiatry appointment, writing down concerns and disclosing the medication. Caller aware of support services available but these further shared in written form via email. Safety plan undertaken with caller if risk increases. GHL also made contact to Pennine Care 247 CAS to make contact with caller around current concerns following this intervention. Further contact from caller (4 days later): Psychiatry appointment went well and caller has new prescription for new medication. However, caller contacted GHL again as felt unsafe as the pharmacy had given her 28 days worth of 3 new medications. Caller felt there was significant risk of overdose. Further contact with outpatient colleagues to discuss concerns. Further psychiatry appointment arranged and referral submitted to Home Treatment Team for follow-up support. GHL made contact with HTT to explain about the medication (caller consented). HTT said they would speak to caller about it and dispose of medication. Caller supported by HTT.

8.0 Costings

The table below shows a breakdown of costings to continue to commission the Getting Help Line for a further 12 months (April 2021 to March 2022) at the current capacity of 72 hours, operating Monday to Saturday, 8am to 8pm.

Salaries		
72 hours emotional health & wellbeing worker	£67392	
Administrator	£20275	
Manager	£37988	
		£125,655
Operating Costs		
Supervision	£4500	
Database	£3200	
Telephone line	£750	
Marketing	£2576	
Kit	£1344	
Rent	£2500	
Miscellaneous	£500	
Training	£3000	
		£18370
Management/overhead charges	£14343	£14343
Total cost		£158,368

9.0 Capacity and Demand

9.1 Current capacity

Current call handler capacity – 72 hours a week

Average time spent dealing with a referral including call and admin time is 2 hours Current weekly referral capacity - approximately 36 referrals

Current monthly referral capacity – approximately 156 referrals

9.2 Current demand

The table below shows a monthly increase in the number of referrals received since the Service was mobilised in May 2020, increasing from 10 in May 2020 to 72 in December 2020. This growth is expected to continue over the next 12 months as the Service is embedded into the wider mental health provision and in light of the pandemic.

9.3 Future demand

A forecast of additional demand demonstrates that if the current growth rate continues, monthly referrals will increase from 72 in December 2020 to around 165 by December 2021. Forecasting for a possible further increase in demand of 40% in line with recent national research (see 10.1) has been included for information.

	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Number of days in month	31	30	31	31	30	31	30	31	31	28	31	30	31	30	31	32	33	34	35	36
Referrals received	10	21	14	22	51	30	40	72												
Rolling 3 month average	0.3	0.5	0.5	0.6	0.9	1.1	1.3	1.5												
Estimated rolling 3 month average									1.7	1.9	2.1	2.3	2.5	2.7	2.9	3.1	3.3	3.5	3.7	3.9
Estimated referrals									48	55	90	63	81	105	84	103	133	114	134	165
Estimated referrals with growth of an additional 40% (phased in from Jan)									53	66	117	88	113	147	118	144	186	160	188	231

10.0 Future Demand for Mental Health Services

10.1 National Research

Recent research commissioned by NHSE shows that demand for adult mental health services could increase by up to 40%. The peer-reviewed research is among four studies NHSE recommended to forecast demand for mental health services nationally.

According to the modelling, the surge in demand will largely be driven by the experiences of lockdown. Those who were particularly isolated; such as single-person households and those asked to shield are most likely to need mental health services. The modelling warned patients would present with a wide range of conditions, including post-traumatic stress disorder, anxiety, depression and eating disorders, and some of these conditions will be delayed by months or years.

The research also expects economic downturns will lead to more people needing support, with young adults possibly the most vulnerable, but it is not yet clear how many people this will affect.

10.2 Greater Manchester Research

The GM Conversation was an engagement exercise carried out between August and September 2020 to hear from people and communities across GM about what's important for their mental wellbeing. The research consisted of a survey, with over 4000 people (of which 312 were Bury residents) responding from local communities and online focus groups. Summary of findings:

- The majority, (97%), of Greater Manchester citizens think that mental wellbeing is important or very important.
- The people surveyed highlight that too many people are not very happy (5.2/10), do not find life satisfying (5.1/10) and worthwhile (5.7/10) and have fairly high levels of anxiety (5.6/10).
- Most people claim they stay well day to day through non-medical interventions. Popular strategies are; ensuring they take part in some form of activity be that physical or non-physical, doing something creative or other hobbies, maintaining contact with friends and family having a good diet, getting outdoors, taking time out to relax. practicing mindfulness, meditation, breathing exercises or some other learned coping strategy, ensuring sufficient rest and sleep.
- Work (and/or college) is the single biggest factor associated with poor mental wellbeing and cited by around 1/3 of all respondents, followed by existing mental health illnesses and / or disabilities. Other key areas affecting a significant proportion of those surveyed were worries about family, friends, relationships or caring responsibilities, financial problems and the current COVID19 pandemic and associated restrictions impacting day to day life.
- Whilst it is clear that better health services could improve people's mental wellbeing, there are also issues in people's work and personal lives, which if resolved, would aid wellness. 27% think that some form of therapy, group support or increased healthcare services or support would help improve their wellbeing. However, there are also a high level of non-medical interventions that are suggested below these that featured strongly in the lists of strategies for staying well.

- Whilst significantly more people know what to do if they wanted to improve their mental wellbeing, (58%), there are 32% who are unsure and a further 10% who have no idea. Of most concern are the people who claim they do know, but are still struggling and not seeking support, (16% surveyed)
- Whilst people feel that learning & embracing new experiences are important and willingly give support to others, they do not feel connected to their communities. Better support and involvement, good facilities & events and social groups are key elements that would make people feel more part of their community. However, a high proportion show no interest (18% nothing / don't know, 4% not sure if want to be part of it).

11.0 Summary

- National data indicates that demand for mental health services could increase by up to 40% due to the effects of the pandemic. Local data indicates that there are high levels of people in GM who are unhappy with their life and who have anxiety. Social factors such as employment, education, family and finance are some of the key areas impacting people's mental wellbeing locally and while people would welcome improvements to health care services, non-medical interventions featured strongly in the strategies identified for staying well.
- The Getting Help Line underpins the wider mental health provision, supporting Bury residents with their emotional wellbeing through the provision of non-clinical interventions and helping them to navigate a complex mental health system. Early intervention is key in ensuring effective support is provided as soon as possible, with potential to reduce distress, improve people's life chances and reduce health care costs. Of the 250 people who have accessed the helpline since May 2020 the majority 77% have been supported within the lowest tier of the Bury Thrive Model (Coping & Thriving), with only a small percentage 23% needing to be referred in to the Getting Help, Getting More Help and Crisis Support offers.
- Performance data demonstrates an increase in referrals received month on month since the Help Line was mobilised in May 2020. We can expect demand to continue to increase as the Service is embedded into the wider mental health provision and in line with national and local predictions for increased demand for mental health services due to the effects of the pandemic.
- Qualitative data demonstrates high levels of satisfaction among people who use the Service and improvements in the support they receive, and outcomes achieved. Early feedback data is also starting to show that people are not accessing statutory services such as their GP or local hospital (56%) as a result of the support they receive.

12.0 Recommendations

It is recommended that the Service is commissioned for a further 12 months at the current capacity, costing £158,368:

- As a key element of the Bury Thrive Model which underpins the wider mental health provision in Bury
- To continue to help meet current and predicted demand for mental health support and services in Bury
- To continue to meet national and local COVID-19 response requirements to provide non-clinical mental health support for known and unknown service users during the pandemic

13.0 Action

The Strategic Commissioning Board are asked to approve the recommendation to commission the Getting Help Line for a further 12 months from 1 April 2021 to 31 March 2022. Funding to continue the extension of the Service has been approved by Finance Leads as part of Bury's commitment towards its 2021/22 Mental Health Minimum Investment Standards.

14.0 Next Steps

A procurement waiver is due to be submitted to Finance, Contract & Procurement Committee pending the approval from Strategic Commissioning Board of the extension of the Service.

Marina Nixon
Commissioning Manager
Marina.nixon@nhs.net

Equality Impact Analysis Form		
<p>The following questions will document the effect of your activity on equality, and demonstrate that you have paid due regard to the Public Sector Equality Duty. The Equality Analysis (EA) guidance should be used read before completing this form.</p>		
<p>To be completed at the earliest stages of the activity and before submitted to any decision making meeting and returned via email to GMCSU Equality and Diversity Consultant for NHS Bury CCG akhtar.zaman4@nhs.net for Quality Assurance:</p>		
<p>Section 1: Responsibility (Refer to Equality Analysis Guidance Page 8)</p>		
1	Name & role of person completing the EA:	Marina Nixon Commissioning Manager
2	Directorate/ Corporate Area	Mental Health Commissioning Bury CCG
3	Head of or Director (as appropriate):	Julie Gonda
4	Who is the EA for?	The Getting Help Offer of the Bury Thrive Model
4.1	Name of Other organisation if appropriate	
<p>Section 2: Aims & Outcomes (Refer to Equality Analysis Guidance Page 8-9)</p>		
5	What is being proposed? Please give a brief description of the activity.	The Getting Help Offer is an element of the Bury Thrive Model to develop a low-level mental health support offer for Bury residents. The offer consists of joint working between a range of commissioned VCF and community organisations (Creative Living, ADAB, Beacon, Getting Help Line, Healthy Minds, GPs) who together provide a comprehensive support offer to Bury residents in relation to their emotional health and wellbeing needs.
6	Why is it needed? Please give a brief description of the activity.	Part of the wider transformation work to develop a mental health strategic framework for Bury
7	What are the intended outcomes of the activity?	To provide support and early interventions to people who live in Bury who need help with their emotional health and wellbeing needs.
8	Date of completion of analysis (and date of implementation if different). Please explain any difference	15 December 2020
9	Who does it affect?	All residents in Bury

Section 3: Establishing Relevance to Equality & Human Rights (Refer to Equality Analysis Guidance Page 9-10)				
10 What is the relevance of the activity to the Public Sector Equality Duty? Select from the drop-down box and provide a reason.				
	General Public Sector Equality Duties	Relevance (Yes/No)	Reason for Relevance	
	To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by Equality Act 2010	Yes	Services will support people with emotional health and wellbeing as a result of discrimination, harassment and victimisation	
	To advance equality of opportunity between people who share a protected characteristic and those who do not.	Yes	Services will support people with emotional health and wellbeing as a result of effects of their protected characteristics	
	To foster good relations between people who share a protected characteristic and those who do not	Yes	Services will support people with emotional health and wellbeing as a result of effects of their protected characteristics which improves their relations with others	
10.1 Select and advise whether the activity has a positive or negative effect on any of the groups of people with protected equality characteristics and on Human Right				
	Protected Equality Characteristic	Positive (Yes/No)	Negative (Yes/No)	Explanation
	Age	Yes		Positive impact – serviced are accessible to all ages and supports their health and wellbeing needs
	Disability	Yes		Positive impact – services are accessible to all people with a disability and supports their health and wellbeing needs
	Gender	Yes		Positive impact – services are accessible to all genders and supports their health and wellbeing needs
	Pregnancy or maternity	Yes		Positive impact – services are accessible to all people in Bury and supports their health and wellbeing needs
	Race	Yes		Positive impact – services are accessible to all people regardless of race and supports their health and wellbeing needs
	Religion and belief	Yes		Positive impact – services are accessible to all

				people regardless of religion and belief and supports their health and wellbeing needs
	Sexual Orientation	Yes		Positive impact – services are accessible to all people regardless of sexual orientation and supports their health and wellbeing needs
	Other vulnerable group	Yes		Positive impact – services are accessible to all people and groups and supports their health and wellbeing needs
	Marriage or Civil Partnership	Yes		Positive impact – services are accessible to all people regardless of marital status and supports their health and wellbeing needs
	Gender Reassignment	Yes		Positive impact – services are accessible to all people and supports their health and wellbeing needs
	Human Rights (refer to Appendix 1 and 2)	Yes		Services contribute to human rights as meeting peoples emotional and wellbeing needs
	If you have answered No to all the questions above and in question 10 explain below why you feel your activity has no relevance to Equality and Human Rights.			
Section 4: Equality Information and Engagement (Refer to Equality Analysis Guidance Page 10-11)				
11	What equality information or engagement with protected groups has been used or undertaken to inform the activity. Please provide details. (Refer to Equality Analysis Guidance Page 11-12)			
	Details of Equality Information or Engagement with protected groups		Internet link if published & date last published	
	<ul style="list-style-type: none"> Work has been undertaken to engage with BAME communities in Bury to establish the impact of COVID on these communities A review of BAME community support has recently been 			

	<p>undertaken and a report produced with recommendations for future commission</p> <ul style="list-style-type: none">Partnership working between services and VCF organisations to target specific groups which have low uptake to raise awareness of mental health issues and the support offer i.e. BAME communities, young males, dementia	
11.1	Are there any information gaps, and if so how do you plan to address them	None
Section 5: Outcomes of Equality Analysis (Refer to Equality Analysis Guidance Page 12)		
12	Complete the questions below to conclude the EA.	
	What will the likely overall effect of your activity be on equality?	The Offer improves equality as it does not exclude any groups and aims to improves people’s mental health wellbeing
	What recommendations are in place to mitigate any negative effects identified in 10.1?	Regular contract monitoring of services which includes demographics of service users
	What opportunities have been identified for the activity to add value by advancing equality and/or foster good relations?	Further work and monitoring of services to ensure that services are accessible to all people in Bury, including those with linguistic needs and disabilities Targeted work to increase low uptake groups i.e. BAME, younger people Production of patient resources in alternative languages
	What steps are to be taken now in relation to the implementation of the activity?	Charter and deliver plan developed Project group established and meets monthly to oversee delivery Quarterly contract monitoring of services Quarterly contract meetings between commissioner and services Monthly reporting to Health and Social Care Recovery Board
Section 6: Monitoring and Review		
13	If it is intended to proceed with the activity, please detail what monitoring arrangements (if appropriate) will be in place to monitor ongoing effects? Also state when the activity will be reviewed.	
A monitoring framework which includes reporting of service user demographics and their views has been implemented across all Services. The reporting is submitted quarterly to Commissioners for review and to agree future action through joint contract meeting. Regular updates are also reported to the OCO Health and Social Care Recovery Board. The Offer will be evaluated and reviewed between January and March 2021		