

PROVISION OF CALDERDALE OUT-OF-HOURS SAFESPACE SERVICE

Consortium/ Provider procurement response form

Please return completed form to Dipika.kaushal@cvac.org.uk by 5pm Tuesday 21st April 2020

SECTION 1 – Organisation contact and details (This must be the Lead Provider on behalf of a Consortium or Sole Provider)

Name	Jonny Richardson Glenn	Role	Chief Officer
Email	jonny@healthymindscalderdale.co.uk	Phone	01422 345154 / 07876 453265
Organisation	Calderdale Wellbeing (known as and hereafter referred to as “Healthy Minds”)		
Address	1 King Street, Halifax HX1 1SR		
Do you (and your Consortium Partners if relevant) have board level (or equivalent with delegated authority) approval to submit this response form?		<u>Yes</u>	No

SECTION 2 – Referring to the service description, please detail your experience and approach in supporting people experiencing mental health crisis and how you manage risk to ensure the safety of both the service users and staff (if responding as a consortium ensure detail includes consortium members)? (maximum 1000 words)

Healthy Minds’ vision is “to improve the mental health of people of all ages in Calderdale and the quality of life of those who experience poor mental health, through increasing opportunities, choice and control ... People who have lived experience of mental distress are central to the realisation of this vision through involvement in all aspects of our organisation.”

We have offered services founded on these principles since 2009, and have worked with nearly 30,000 people through our education and support programmes.

What we do is shaped by experience and engagement: the majority of staff, trustees and volunteers have personal experience of living with mental health problems. We value the insight gained by experience and develop trusted relationships with people in a dynamic way that statutory services cannot replicate. We “get alongside” people in their recovery to help them find what works for them to achieve and maintain emotional wellbeing.

We have always worked with people experiencing crisis and had the opportunity to formalise this in 2017, when the Crisis Care Concordat gave impetus for Calderdale CCG to engage Healthy Minds to develop Safespace: it launched in February 2018 as a user co-designed crisis service, offering out-of-hours emotional support during weekend evenings. It has since expanded to four evenings a week, with a Monday morning drop-in session supporting Safespace. Safespace is accessible by telephone, text message and social media; face-to-face appointments are arranged for those who wish. Our digital offer includes Facebook, WhatsApp, Instagram and email.

The Service Description references the initial evaluation of the first 10 months' delivery and quality. In summary:

- People feel less anxious/depressed.
- People feel more supported.
- Suicide was averted.
- Individuals have access to self-help and peer support to help with crisis de-escalation.
- Some people accessed statutory services less, reducing demand.

355 people have accessed Safespace to date, with over 1850 contacts: a mixture of one-off contacts, short-term interactions, and some who are in frequent contact as they find Safespace fulfils a need that is not met elsewhere. "Crisis" is unique to each person: one might be overwhelmed by a sudden turn of events and need help to understand and find ways through what they're experiencing; another may be in a near-constant state of distress and need a reassuring presence – knowing that they can call someone who can give them time and space in which to express this can make the difference between whether or not they tip into crisis. 51% of people, including "high intensity users" indicated in the external evaluation that they accessed Safespace as an alternative to A&E, SWYPFT and emergency services, reducing unnecessary burden on those services.

People have sought support from Healthy Minds at all stages of crisis; Safespace creates a dedicated service in which this happens. We operate a self-referral approach, without strict criteria, with a service open to all adults in Calderdale: we listen and understand, and work with people to find their next steps through continued support, positive actions and signposting.

Safespace benefits from Healthy Minds' well-established care pathways, with links to other services across Calderdale in the statutory and community sectors: Healthy Minds has formal partnerships with Noah's Ark Centre, Christians Together Calderdale, St. Augustine's Centre, Northpoint Wellbeing and Barnardo's; we are represented on local task groups and strategic panels, including the suicide prevention group, MH innovation hub, EHWPB task force and W Yorks and Harrogate MHLDA programme board; we enjoy good relationships with such other providers as Halifax Opportunities Trust, Basement Project and Women's Centre.

A risk-based approach to safety has been paramount from the outset. The Safespace team, including volunteers, comprises a wealth of professional and personal experience, knowledge and skills. Throughout developing Safespace, we established links and protocols with statutory services including SWYPFT's Intensive Home Based Treatment Team, West Yorkshire Police and Yorkshire Ambulance Service. We have robust safeguarding procedures, structured risk management processes, incident reporting and contact records so that crucial information is shared and acted upon in line with concern. Safeguarding training is embedded in our induction and frequently revisited, supported in-house by two safeguarding leads from the Healthy Minds team: one is the Safespace team leader. All staff and volunteers are DBS-checked.

People tell us they feel they can honestly express themselves in Safespace when they may fear the consequences of doing so with statutory services. If there are serious concerns, the team

seeks to agree on safeguarding actions and to support people through the process. Welfare checks and follow-up calls are routine.

Our proposal is based on the experience and approach set out above. We have set minimum staffing levels for the service to open safely and responsibly: two members of staff and one (ideally two) volunteer(s) per shift so that the team has mutual support, including a team debrief at the end of the shift. Should minimum staffing levels not be met, the service still offers telephone and online support, with debrief from team leader. The team leader is present on some shifts and is otherwise available on-call; they also coordinate the service rota, worker support and supervision, team meetings and operational procedures, including liaison with other services.

The nature of contacts in Safespace can be challenging and distressing: the emotional 'load' is condensed whereas this is more spread across the team Healthy Minds' daytime services. We have introduced additional monthly 'floating' hours for the Safespace team to ensure flexibility for team meetings, one-one support, and supervision, without taking time out of service delivery. Over time, Safespace has become integrated with the wider Healthy Minds offer and there is flow between services: someone contacting Safespace may be introduced to support groups or referred for benefits advice, for example.

It is the experience, approach, attitude and integration with Healthy Minds that ensures Safespace lives up to its name: it doesn't stand alone but has grown from and feeds into the organisation as a whole.

SECTION 3 – How will you approach delivery to meet the *Aims & Objectives of the Service* as described in the SafeSpace Service description (page 7 - section 3.1 and 3.2). In your response reference how you will ensure that services are inclusive, accessible and flexible, in order to meet the individual needs of Service Users, as described in the Equality Act 2010? (maximum 1000 words)

We have over 2 years' experience of running Safespace along the model outlined in the Aims & Objectives, and our proposal will continue to meet the Aims & Objectives.

Our proposed Safespace model has these key principles:

- Open to all adults in Calderdale regardless of diagnosis or involvement with statutory services;
- Accessible by telephone, text message and social media; face-to-face appointments can be arranged by these means;
- Offered as "out of hours emotional support" to encompass range of needs rather than a definition of "crisis".

Our proposal extends our current offer, consistently, over seven evenings, from 6.30 – 10.30pm. Staffing hours will be 5.30 – 11.30 to allow for pre-shift briefing and post-shift debrief and recording. A weekly Monday morning drop-in for follow-up or additional opportunity for contact will run from 10am – 1pm, facilitated by Healthy Minds Recovery & Support Team. We will operate a "self-referral" approach, with an integrated pathway to

partner providers, 111, and the future West Yorkshire 24-hour crisis line. Our proposal will benefit from the Steering Group stated in the service specification, to ensure that Safespace operates in a wider system around crisis response. We expect, based on evaluation of our pilot, at least 50% of people – including “high intensity users” – to access Safespace as an alternative to A&E, SWYPFT and emergency services, reducing unnecessary burden on those services. We would expect to see an even greater impact through extended Safespace provision as more people are diverted.

Whilst this proposal is for Healthy Minds as sole provider, connectivity is an important aspect and we propose working in formal partnership with Noah’s Ark Centre, Christians Together Calderdale, St. Augustine’s Centre, Northpoint Wellbeing and Barnardo’s. We expect to continue to be represented on local task groups and strategic panels, including the suicide prevention group, MH innovation hub, EHWP task force and W Yorks and Harrogate MHLDA programme board; and to continue good relationships with other providers as HOT, Basement Project and Women’s Centre. We will maintain these links to promote whole-system working across the sector, respecting each provider’s expertise to channel people into the most appropriate support.

For capacity, safety and mutual support, we have set minimum staffing levels for the service to open safely and responsibly: two members of staff and one (ideally two) volunteer(s) per shift. Should minimum staffing levels not be met, the service will still offer telephone and online support, with debrief from team leader. The service will accommodate 8-10 referrals per shift; the model allows us to adjust capacity in the event of staff shortage. Two team leaders will provide presence on at least four shifts per week to ensure team support and, where needed, additional capacity. Where not present the team leader will be available on-call. They will coordinate the service rota and operational procedures, support and supervision, and regular team meetings. Safespace will have senior managerial oversight from the recovery and support operational manager and direct links to Healthy Minds’ management committee by way of nominated trustees.

People will initially access Safespace by telephone, text message or online, including via social media: the digital offer adds to the methods of contact with which people are most at ease. We will offer digital access by Facebook, WhatsApp, Instagram and email. Publicity information will include different means of contact.

However people choose to contact the service, the team will offer an appointment of up to an hour the same evening, either through the above means as their preferred communication or as a face-to-face appointment on-site. This process gives consideration for staff safety (i.e. managing how many people are in the premises), with the team prepared for someone’s arrival / appointment and able to give them undivided attention. Workers will talk through what has brought someone to contact Safespace, helping them to make sense of what they are experiencing, exploring options and discussing next steps e.g. positive actions they can take to resolve difficulties, onward referrals and follow-up contact from Safespace or other Healthy Minds services. Every contact is different: the emphasis is on what is happening for that person and their needs.

Following one-to-one time with a worker, visitors will be welcome to stay longer in Safespace with a volunteer present. People may have a hot drink and something to eat, taking time to unwind and reflect, and we have diverting activities like jigsaws, crafts and games. This “social space” allows people to be with others and be calm and safe before going home.

Safespace will be offered universally to adults in Calderdale but we recognise that there may be obstacles to accessing services for different demographics. Having a range of means by which people can access the service goes some way towards addressing some barriers: Facebook messaging, for example, can offer (limited) translation if language is a barrier. We have some bilingual workers already in Safespace, offering Punjabi, Urdu and Romanian.

Similarly, where transport is an issue people can call or message: understandably, someone from Todmorden may not wish to travel to / from Halifax late at night. We have a modest budget and arrangement with a local taxi firm to enable transport where necessary, and our Todmorden and Hebden Bridge-based teams also run drop-ins and support activities that can act as follow-up, similar to the Halifax drop-in.

Healthy Minds’ Roshani service offers culturally-sensitive recovery and support activities for BAME groups – predominantly South Asian heritage at present – into which people can be channelled. Across the team, there is good understanding of disability, neurodiversity, gender and sexual identity, and consideration is given to people’s needs in these respects. Safespace will be, as now, promoted alongside other Healthy Minds services through a wide variety of channels, including through other local services and community groups across the area.

Above all, we work with individuals: everyone who approaches Safespace has their own story, with their own needs, and we tailor support to them uniquely.

SECTION 4 – Under section 6 (page 18) it states the ‘Consortium/ Provider’s premises should be located in one of Calderdale’s main town centres, in a physically safe location, appropriate for out-of-hours use, and with good public transport access, for staff and Service Users alike. Can you confirm the premises you are proposing to use and describe the key features of these premises to ensure Service Users and staff have a safe and reassuring experience? (Maximum 500 words)

Healthy Minds’ 2018 Safespace pilot instigated a move for the whole organisation from VAC Resource Centre to shop-front premises in Halifax town centre. Capital funding awarded by DOH enabled refurbishment to transform a carpet shop into Healthy Minds headquarters, with office and meeting rooms as well as Safespace itself. The refurbishment reflected service user comments, including meeting the needs of protected and vulnerable groups, in line with our commitment to co-design. We confirm that, in continuing to use these premises for the proposed seven evening service, we will provide a safe and reassuring experience for service users and staff. Our provision of a Monday morning drop-in session supporting Safespace, extends this experience.

Our King Street premises are in a good location near Halifax Minster and Woolshops Shopping Centre, and between the train and bus stations. We're in a prominent position with good signage to identify the premises, and Safespace literature includes the location as well as pictures of the premises to reduce anxiety about finding the right place. There is visitor parking on-site. The premises are known to, and will continue to be accessible to, our partner providers such as the Ambulance Service, in accordance with the proposed service pathway.

Our location and premises support the open, self-referral, approach, that is at the heart of our proposal. We propose promoting our premises in the marketing of our seven day service. The premises have been refurbished in compliance with fire regulations but the space does not feel too clinical or formal: early co-production on Safespace identified this as an important issue for people – that Safespace should feel like a home. With comfy sofas, bookshelves and subtle lighting, it has an atmosphere that people tell us they really like.

Level access for people with mobility needs has proven difficult to achieve fully at King Street and we continue to find a solution. Safespace itself is located in the basement; we have level access to the ground-floor and private space to meet clients there if required. Further improvement, should further capital funding be identified, would be in dialogue with the CCG/Steering Group as well as service users and staff.

Given Calderdale's sprawling geography, and our base in central Halifax, we don't expect or require people to physically present at Safespace to access the service. People can communicate by various means, including telephone, text and online, including on multiple social media platforms. Our digital offer will promote access to the service, including for those who have difficulty accessing our base. Healthy Minds teams in Todmorden and Hebden Bridge can engage people in Safespace by promotion, recommendation and follow-up action. We will continue to work in partnership with statutory and voluntary sector providers, to improve accessibility and breadth of service provision, across the whole of Calderdale.

We also have a modest budget and arrangement with a local taxi firm to enable transport where necessary.

Section 5 – You will be expected to work with service users to co-design how this service can be developed to ensure it remains responsive and delivers what is needed by those seeking SafeSpace support. Can you give an example of where you have worked with service users to co-design how provision is delivered and how this enhanced the outcomes for people you were supporting and the wider system? (maximum 1000 words)

Co-design, or "co-production", is Healthy Minds' *modus operandi*. We give, by way of example of how we have worked with service users in co-design, how our current Safespace service has been shaped by people's ideas and priorities. Since this proposal is founded on our experience and approach for the Safespace pilot, co-design is at the heart of our proposal, and will continue so that we remain responsive, delivering what is needed by those who are or will be service users, with a focus on continuous service improvement. Future developments to our service offer would be through listening to service user experience, engagement with service

users, the CCG and partner providers, either informally or through a formal development programme.

Healthy Minds Forum offers opportunities for people who live with emotional distress to raise concerns and explore collective solutions: Healthy Minds itself grew from earlier incarnations of the Forum, and the group has contributed to national guidance on the use of restraint in MH inpatient units; raised questions in parliament, via Holly Lynch MP, on mental health relating to benefits; and was engaged with the Crisis Care Concordat at an early stage, having lobbied for a user-led crisis service in Calderdale for several years. Our proposal will use the Forum to enable co-design keeps Safespace responsive to service user needs. As many people's preferred means of communication is now online, we increasingly use digital technology, such as social media, to engage people with the Forum.

When Safespace became a genuine possibility, Forum members were enthusiastic to be involved in its development. The main characteristics of the pilot service were determined through this process:

- It should be as non-clinical in feeling as possible;
- There should be different ways to access the service as not everyone wants to talk on the phone or visit in person;
- People should choose whether to give their details;
- It should be open to self-referral;
- It should offer a social space for people who want it;
- It should offer volunteering opportunities for peer support;
- It should add to, not replace, crisis services.

These important principles have informed how Safespace runs, and we continue to seek and respond to feedback from people who use Safespace. Feedback strongly indicates a need for a seven day service. Our proposal will continue to use feedback to ensure we are delivering what people need.

Ongoing consultation with the Safespace team, key providers with whom we work in partnership, and users will be invaluable, with dedicated events like 'away days' and open days generating insights and recommendations, to influence the service offer and refined procedures.

We have commissioned external evaluation of Safespace's outcomes, and have followed this up by a census of service users. Our analysis of the census demonstrates that our approach to co-design safeguards the interests and needs of protected and vulnerable groups. We are therefore confident that our Safespace proposal will, through extension to seven days, make an even more positive difference to people who use it, and benefit the wider system:

- 83% people who have been supported by Safespace feel that they are more or somewhat better able to cope with life's ups and downs;
- 88% feel better connected and supported;
- 72% feel they have better opportunities and choices;
- 89% have a better understanding of their own mental health needs;
- 51% have come to Safespace rather than to another service, like Intensive Home Based Treatment Team or A&E;

- 100% external stakeholders (i.e. from other organisations) said that Safespace was a benefit to their service, with comments including:
 - “A much-needed resource to assist with the problem of social isolation with a vulnerable client group”
 - “It has provided a Safespace for people in Calderdale in mental distress or approaching crisis to access help, activities, peer support to help de-escalate a crisis and find ways of avoiding or reducing mental distress in the future.”
 - “To allow people to access support, company and a listening ear when they are feeling vulnerable and need extra support out of hours which may not meet the criteria for mental health services.”

Sources: Healthy Minds Census January 2020; Safespace external evaluation by Enriched Consulting 2018.

Genuine co-production is hard to achieve: it is something for which organisations like Healthy Minds continue to strive. Co-production brings with it longer development times and decision-making; it can be harder to strike a balance between people’s wishes, operational needs and resources. At Healthy Minds, we believe it is worth the extra effort so that our services respond as fully as possible to what people really want, and so that lived experience is truly valued.

Section 6 – You will be expected to have robust quality and systems of governance in place to safeguard both service users and staff of the SafeSpace Service. Can you describe your approach to quality and governance structure (Consortium and Provider Level) and how this will safeguard and support both the Service Users and staff/ workers delivering this provision (if you are working towards or hold a quality standard please state this as part of your response)? (maximum 800 words)

Healthy Minds is a well-established organisation, having been constituted as a charity and company limited by guarantee in February 2009.

Our board of trustees has 11 members, some of whom have been with Healthy Minds throughout its history. It is clearly focussed on delivering the aims and objectives of Healthy Minds, as set out in its Memorandum and Articles of Association. The board has a wealth of experience and maintains oversight of how Healthy Minds runs responsibly and safely as an organisation, with a long-term strategy that informs business and operational planning, regularly reviewed risk register, annual board forward plan, annually revised business plan and financial management, including annual budget and risk-based reserves review.

Each service within Healthy Minds has at least one (Safespace has two) trustee link on the Board to maintain ‘lines of sight’ and ensure that services are represented at board level. Meetings of the board often begin with a presentation from one of HM’s services. The Chief Officer’s operational performance report, including quality issues and challenges, and any safeguarding issues, are standing items on the board’s agenda.

Healthy Minds’ Chief Officer is accountable to the board and responsible for strategic direction and development as well as oversight of operations. Two Operational Managers lead on how services are delivered, with Team Leaders managing Project Workers on the frontline. Healthy

Minds benefits enormously from the contribution of volunteers, who are supported and supervised by Project Workers under the guidance of a Volunteer Co-ordinator. Two safeguarding leads within the team advise and maintain robust procedures, policies and training. Our approach to safeguarding and risk management promotes a positive experience and safe care for all service users, including high intensity users.

We welcome reporting into a local system-wide Steering Group, together with the robust contract management, finance and performance arrangements, set out in the Service Specification. We currently seek, without compromising service user experience, key information from attendees, and use an NHS-compliant information system for the recording of service interactions. Our proposal for Safespace will continue this approach, and we will be ready to report on the KPIs set out in Appendix 1 of the Service Specification. We will welcome particularly the engagement of the local A&E provider, in order to secure assurance of the impact of Safespace on A&E attendance, and to enable increased diversion, into Safespace, of people with emotional distress, including high intensity service users. We will seek the input of the Steering Group in promoting continuous service improvement, and in identifying appropriate internal, and perhaps system-wide, audit, to enable best outcomes for service users and system partners. Any changes, whether proposed following informal feedback, or through a service users, stakeholders and partners involvement programme, will only be made following engagement with all interested parties.

We take our responsibility to provide quality services very seriously. Quality management and improvement is an inherent and ongoing process across the organisation. We take pride in what we deliver and the trusted reputation we have built is testament to our approach. We strive to ensure that services are:

- **safe** – by taking a responsible stance of causing no harm and being conscious of limitations, engaging with other specialist agencies as required;
- **effective** – by providing what people want, through research, involvement and co-design to create services that have clear benefits;
- **person-centred** – our approach is about an individual's experience and developing a partnership that respects needs and preferences;
- **efficient** – by maximising resources;
- **equitable** – by recognising and removing obstacles to access, particularly where someone may have additional needs and characteristics. We offer services with minimal referral criteria and no waiting lists.

Careful recruitment has built a strong team with a vast range of experience, knowledge and skills; careful management of the organisation, including core functions, is there to support the frontline.

Healthy Minds was among 10 organisations selected nationally to receive a Kings' Fund / GSK Impact Award in 2019 following a rigorous assessment. We are in the assessment process for Quality for Health Level 2. We have submitted our evidence and are ready for assessment (recently postponed, due to the COVID-19 pandemic).

Section 7 – Describe how you see this service being mobilised/in place on 1st July 2020 including key milestones which you see as critical to mobilisation. In your response ensure you reference any perceived risks and how you will minimise risks to enable successful mobilisation of this service? (maximum 800 words and can be appended in a table format)

Safespace already has a staff team comprising 5 project workers each working 6-12 hours per week; currently supported by 3 volunteers and relief workers; team leaders who coordinate the service and line-manage project workers (36 hours per week); operational manager who line-manages team leaders. We already have the infrastructure in place for Safespace, including: recording and monitoring database; pathways for Intensive Home Based Treatment Team and Yorkshire Ambulance Service; trusted relationships with other agencies, including the Police and CHFT through A&E; safeguarding procedures and training; supervision arrangements for staff and volunteers, and team meetings.

Due to changing pressures in the mental health system brought by COVID-19, we are preparing to extend Safespace to seven evenings a week as an interim measure, redeploying capacity across the Healthy Minds team: this gives us a good basis on which to test and refine the seven-day model.

We are also mobilising a recently-awarded peer support in crisis service, which will connect with Safespace and offers a chance for mutual training and support with peer support and Safespace volunteers and staff: there is impetus combining training as many issues overlap across the services.

Our experience of Safespace pilot delivery, with the extension to seven-day working to meet increased demand due to COVID-19, and the enhancement of the local crisis service through peer support, makes us, we believe, well-placed for providing Safespace as a seven-day service, in line with Service Specification.

The proposed new staffing structure will have 6 project workers offering a combined 84 hours weekly, supported by 2 team leaders with combined 48 hours weekly, plus on-call availability: this ensures that minimum staffing levels are maintained (2 project workers per 6-hour shift; 4 shifts per week with team leader present). We are confident that we can achieve the 1st July start date even if additional recruitment is delayed by pandemic restrictions, as we will have established a model of working using re-deployed capacity across the Healthy Minds team.

With the caveat that lockdown restrictions may affect timescales, our delivery plan, if we are the successful bidder, is:

- April / May 2020:
 - Peer support in crisis training programme launched. This will be offered to potential peer supporters and Safespace volunteers. This is already in development. **This mitigates risk** of losing volunteers during lockdown restrictions and offers chance for further volunteer recruitment.
 - Possibility of interim extension of Safespace to seven days: review procedures and training for staff newly-engaged with Safespace.
- Early May 2020:
 - Decision re. award.

- If contract is awarded to Healthy Minds
 - Develop and refine detailed mobilisation plan, in dialogue with the CCG.
 - Agree new hours / contracts with existing staff team.
 - No change to premises is required for the continued delivery of Safespace from the current location.
- **Risk:** Contract not awarded to Healthy Minds. **Mitigation:** agree exit strategy, formalised through handover plan, with CCG and new provider; terminate Healthy Minds contracts & explore TUPE with new provider; engagement with Safespace clients re. forward options, with focus on safeguarding of service users prior to and following handover.
- **Risk:** COVID-19 materially impacts on mobilisation plan. **Mitigation:** engagement with CCG in review of, and, where required, revision to mobilisation/handover plan.
- May / June 2020:
 - Identify gaps and start recruitment; co-production with clients, volunteers and staff re. extended delivery.
 - **Risk:** unable fully to recruit staff and/or volunteers for seven day in time for 1st July. **Mitigation:** Train other HM staff and/or volunteers, with appropriate skills, to work additional hours in support of full opening from 1st July.
 - **Risk:** pandemic prevents full co-production approach to extended delivery. **Mitigation:** extend delivery in line with submission and in dialogue with CCG, and agree amendment to mobilisation plan for co-production as soon as possible following removal of pandemic-related constraints.
 - Establish Safespace Steering Group with stakeholders.
 - **Risk:** pandemic inhibits establishment of Steering Group. **Mitigation:** seek meeting with CCG and partners via video-conference.
- June / July 2020:
 - Promotion of new service, engaging with sector partners.
 - **Risk:** pandemic prevents full marketing campaign. **Mitigation:** review opportunities for marketing and promotion during lock-down with Healthy Minds Operational Manager with responsibility for marketing and promotion, Safespace team, and trustee with lead for marketing, to develop alternative marketing campaign, in dialogue with CCG.
- 1st July 2020: Launch new service.

We expect to report quarterly on service use and will conduct a comprehensive evaluation / review at the end of year 1. We will work through the Steering Group, in particular, to evaluate the impact of Safespace on A&E. We will work through the Steering Group to model what impact any further extension of Safespace may have, on A&E, and in meeting the increased demand for the service, resulting from the impact of COVID-19 on the Calderdale population.

Section 8 – The funding available for the delivery of this provision is Yr 1 - £110k and Yr 2 - £146k = total £256 (See section 7 of the specification for a breakdown of funding per year). Clearly describe (using the table below) how you will allocate this funding per year across the

2 years to meet the aims and requirements of the service? (your response can include some brief notes (see below) to clarify the detail within the table)

Year	Resource allocation	Funding allocation
Year 1 July 2020 – March 2021 inclusive	Staffing costs (salaries) 90 hours per week project worker (84 hours delivery + 6 hours for recording / debrief) @ NJC pt26 6 hours sessional project worker @ NJC pt26 + 8.3%	£57,443
	50 hours p/wk team leader (30 + 18 hours team leader + 2 hours volunteer coordinator) @ NJC pt29	£32,409
	5 hours p/wk operational manager @ NJC pt35	£3,845
	Contribution to core posts: 2 hours administrator @ NJC pt22 2 hours finance officer @ NJC pt25 2 hours chief officer @ NJC pt41	£3,960
	Staff training	£1,125
	Total staffing costs Yr1	£98,782
	Project costs Volunteer expenses Transport fund (taxis) Premises – additional expenditure IT resource Publicity & printing Refreshments	 £1,369 £1,369 £1,643 £525 £450 £274
	Total project costs Yr1	£5,629
	Contribution to overheads (15%) Includes rent, telephones, utilities, insurance, etc. £225 allocation to HM reserves	£5,260
	TOTAL YEAR 1	£109,671
Year 2 April 2021 – March 2022 inclusive	Staffing costs (salaries) 90 hours per week project worker (84 hours delivery + 6 hours for recording / debrief) @ NJC pt26 6 hours sessional project worker @ NJC pt26 + 8.3%	£76,591
	50 hours p/wk team leader (30 + 18 hours team leader + 2 hours volunteer coordinator) @ NJC pt29	£43,212

	5 hours p/wk operational manager @ NJC pt35	£5,126
	Contribution to core posts: 2 hours administrator @ NJC pt22 2 hours finance officer @ NJC pt25 2 hours chief officer @ NJC pt41	£5,280
	Staff training	£1,500
	Total staffing costs Yr2	£131,709
	Project costs	
	Volunteer expenses	£1,825
	Transport fund (taxis)	£1,825
	Premises – additional expenditure	£2,190
	IT resource	£700
	Publicity & printing	£600
	Refreshments	£365
	Total project costs Yr2	£7,505
	Contribution to overheads (15%)	£7,013
	Includes rent, telephones, utilities, insurance, etc. £300 allocation to HM reserves	
	TOTAL YEAR 2	£146,227
TOTAL		£255,898

Notes:

Salaries include 20% on-costs for employers NI / Pension + 1.8% annual uplift

Sessional PW rate includes 8.3% to discharge annual leave entitlement

Our submission delivers the Service Specification aims and objectives within the financial envelope set out in Section 8. We propose an audit of the impact of the seven day service after Year 1, in order to identify whether a modest increase in resource, with consequent increase in hours and/or numbers of staff available and/or service promotion, would support a significant increase in improved outcomes for service users and across the system. The Steering Group may also want, before then, to model what impact any further extension of Safespace may have on meeting the increased demand for the service, resulting from the impact of COVID-19 on the Calderdale population.

Process outline:

1. Response form to be returned to: Dipika.kaushal@cvac.org.uk by 5pm Tuesday 21st April 2020.
2. A Panel will be formed with at least 2 members who are independent and not party to the bidding process who will review all responses for the selection of the successful provider.
3. Applicants for this opportunity will be informed of outcome within 10 working days of applications being submitted (feedback will be offered upon request)
4. Mobilisation Steering Group Meeting will be scheduled for early May