SERVICE SPECIFICATION

Service	Advice and Guidance Telephone Support Service
Commissioner Lead	Humber Teaching NHS Foundation Trust
Provider Lead	
Period	01/04/27 to 31/03/30
Date of Review	

1. Population Needs

1. **National/local context and evidence base**

1.1. Fit for the Future, the Ten-Year Health Plan for England continues its commitment to ensure people of all ages can access mental health crisis support 24/7 through a single, simple point of access. During the pandemic, every area established locally run urgent mental health helplines and in April 2024 this ambition was achieved nationally with the launch of 111 'select mental health option', connecting all local services into a consistent national model.

1.2. The change means the NHS in England is one of the first countries in the world to offer access to a 24/7 full package of mental health crisis support through one single phone line. People of all ages, including children, who are in crisis or concerned family and loved ones can now call 111, select the mental health option and speak to a trained mental health professional. NHS staff can guide callers with next steps such organising face-to-face community support or facilitating access to alternatives services, such as crisis cafés or safe havens which provide a place for people to stay as an alternative to A&E or a hospital admission.

1.3. The health of people in the area is generally worse than the England average. Kingston upon Hull is one of the 20% most deprived districts/unitary authorities in England and about 31% (15,700) of children live in low income families. Life expectancy for both men and women is lower than the England average. (Public Health England Profile 2016)

1.4. Many of the wider determinants of mental health (long term unemployment, offending, addiction, smoking, obesity, deprivation, violent crime, statutory homelessness, children in poverty) are worse in the Hull and East Riding area. (Public Health England Profile 2016)

1.5. A recent Audit of calls received across the current access services demonstrate a clear need for Advice and Support. 25% of Mental Health enquiries on local and national numbers were identified as not requiring an immediate face to face intervention however would benefit from emotional support, advice and Guidance about services within their local area.

1.6. The estimated call volume locally is around 7000 calls per month from all access numbers, this means for emotional support, advice and guidance the maximum monthly call rate for non-risk callers would be around 1750 or 58 across a 24hr period.

2. Outcomes

2.1. NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	**X**
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2. Local defined outcomes

Reducing reliance on statutory services:

- The risk of Service Users needing to access other statutory provision inappropriately will be reduced
- Service Users living in institutional forms of care will be supported to return and maintain residence to the community
- Increasing social inclusion and reducing isolation

Quality of Life:

- The quality of life for Service Users will be maintained or improved
- Self-esteem will be improved
- Service Users will be able to exercise greater self-determination;
- Service Users will feel less isolated
- Service users will be supported to participate in and contribute to community

Maintaining & Developing Living Skills:

- Service Users will acquire skills and confidence to manage their own affairs
- Service Users will be provided with information and advice relevant to their current needs

Health & Well-being:

- Service Users will be supported to maintain and improve their health and wellbeing
- Service Users' ability to access general medical services will be improved
- Service Users' health skills and ability to live a healthy physical lifestyle and will
- be improved
- Service Users' engagement with treatment interventions will be improved

3 Scope

3.1 Aims and objectives of service

The 'Advice and Guidance Telephone Support Service' will:

- Provide a non-clinical advice and support service for individuals identified through the Mental Health Front Door as not requiring clinical intervention.
- Deliver emotional support, reassurance and wellbeing conversations to individuals experiencing low levels of mental health distress.
- Provide information and guidance regarding mental health, wellbeing and

available support services.

- Support individuals to access community resources, neighbourhood services and voluntary sector provision.
- Reduce social isolation and promote social inclusion.
- Support individuals to develop coping strategies and self-management skills.
- Promote recovery and wellbeing through early intervention and preventative support.
- Signpost individuals to appropriate statutory, voluntary and community services.
- Provide support to carers and families seeking information and guidance.
- To maintain effective partnerships with primary care, neighbourhood mental health services, statutory agencies and community organisations in order to connect individuals with appropriate local support, promote recovery and prevent unnecessary escalation to specialist mental health services.
- Contribute to reducing demand on specialist mental health services where clinical intervention is not required.
- Escalate concerns immediately to the Mental Health Front Door clinical staff where risk or deterioration is identified.
- Contribute to the delivery of Humber Teaching NHS Foundation Trust's Neighbourhood Mental Health Centre model.
- Support individuals to remain well within their communities.
- Collect and report outcomes which demonstrate the impact of non-clinical support interventions.

3.2 Service description/care pathway

3.2.1 Access to the Service

Referrals will only be accepted following screening by a registered clinician at the Humber Mental Health Front Door Service.

The Front Door practitioner will:

- Complete screening assessment.
- Assess risk.
- Determine clinical need.
- Confirm that no further mental health assessment is required.
- Transfer suitable referrals to the Advice and Support Service.

The Advice and Guidance provider will not undertake independent clinical triage or risk assessment activity.

3.2.2 Advice and Support Function

The Advice and Support Service will provide a non-clinical intervention for individuals who have been screened by the Mental Health Front Door and assessed as not requiring further clinical assessment or intervention at that time. The service will deliver timely, person-centred support aimed at promoting emotional wellbeing, reducing social isolation, preventing deterioration in mental health, and improving access to community-based resources. Individuals accessing the service will receive a compassionate and trauma-informed response, tailored to their individual needs and

circumstances.

Emotional Support

The service will provide a supportive environment in which individuals can discuss their concerns, experiences and emotional wellbeing. Trained staff will offer active listening, reassurance and validation, enabling individuals to feel heard and understood. Through supportive conversations and brief wellbeing-focused interventions, the service will help individuals explore coping strategies, build resilience and identify practical steps that may support their mental health and wellbeing. The service will not provide clinical interventions but will offer appropriate emotional support designed to reduce distress and encourage self-management where appropriate.

Information and Guidance

The service will provide accurate, accessible and up-to-date information relating to mental health, emotional wellbeing and available support services. Staff will offer practical guidance to help individuals understand the options available to them and navigate relevant health, social care and community services. This may include providing information on local wellbeing services, welfare advice, housing support, employment support and other resources that may contribute positively to an individual's recovery and overall wellbeing. Individuals will also be supported to access self-help materials, digital resources and other preventative interventions where appropriate.

Community Connection

A key function of the service will be to connect individuals with community assets and local sources of support that can help improve wellbeing and reduce isolation. Staff will support individuals to access appropriate voluntary and community sector organisations, peer support opportunities, social prescribing services, neighbourhood-based initiatives and recovery-focused activities. This may include facilitating access to community groups, recovery colleges, wellbeing programmes, volunteering opportunities, physical activity initiatives and other local services that promote social inclusion, recovery and independence. The service will maintain strong links with local providers and community organisations to maximise opportunities for individuals to access ongoing support within their own communities.

Family and Carer Support

The service will provide information, advice and guidance to carers, family members and supporters who are seeking assistance in relation to an individual's mental health and wellbeing. Staff will provide signposting to relevant support networks, community resources and specialist carer organisations, helping carers to access appropriate information and support. The service will recognise the important role played by families and carers in supporting recovery and will work in a manner that promotes inclusion, understanding and partnership wherever appropriate.

3.2.3 Escalation Arrangements

The provider must have robust procedures to identify and escalate concerns.

Where risk is identified, including:

- Suicidal ideation

- Self-harm concerns
- Deterioration in mental state
- Safeguarding concerns
- Risk to others
- Significant vulnerability

The case must be escalated immediately to the clinical team at Humber Mental Health Front Door.

The provider must not manage clinical risk independently.

3.3 Population Covered

The service is available to:

- Adults aged 18 years and over.
- Residents of Hull and East Riding.
- Individuals screened and referred by the Humber Mental Health Front Door.
- Carers, supporters and family members seeking advice.

3.4 Interdependence with Other Services

The provider will maintain effective relationships with:

- Humber Mental Health Front Door
- Neighbourhood Mental Health Centres
- Community Mental Health Teams
- Primary Care Networks
- Social Prescribing Services
- Adult Social Care
- Housing Services
- Employment Services
- VCSE partners
- Recovery Colleges
- Carer Support Services

4 Service Standards

4.1 The provider will:

- Accept referrals from the Mental Health Front Door in real time, seven days per week, ensuring immediate receipt and timely engagement with individuals referred to the Advice and Support Service.
- Contact individuals within agreed timescales- as indicated by Front Door screening outcome.
- Operate under an agreed escalation policy.

- Ensure all staff receive safeguarding training.
- Ensure all staff receive mental health awareness training.
- Participate in joint governance arrangements with Humber Teaching NHS Foundation Trust.
- Maintain confidentiality and information governance requirements.
- Support trauma-informed and recovery-focused practice.
- Reporting Requirements

5 Reporting Requirements

The Provider will submit a monthly performance and quality outcome report covering the following areas within 10 working days of month end and will participate in quarterly contract review meetings with Humber Teaching NHS Foundation Trust.

5.1 Activity Reporting

- Number of referrals received from the Mental Health Front Door.
- Number of unsuccessful contact attempts.
- Number of repeat contacts.
- Average waiting time from referral to first contact.
- Number of carers and families supported.
- Outcome of calls

5.2 Outcome Reporting

The Provider will be responsible for developing, administering and reporting on an outcome-focused feedback tool that evidences the effectiveness of the service and supports the collection of agreed outcome measures, quality indicators and service user experience data.

At least 80% of individuals completing feedback report that the service had a positive impact on their wellbeing.

- Number and percentage of people reporting improved wellbeing.
- Number and percentage of people reporting reduced distress.
- Number and percentage of people reporting increased confidence in self-management.
- Number and percentage of people who felt listened to and understood.
- Number and percentage of people who felt more hopeful following intervention.

5.3 Risk and Escalation Reporting

Report:

- Number of contacts escalated back to the Front Door.
- Number of safeguarding concerns raised.
- Number of urgent welfare concerns identified.

- Number of serious incidents reported.
- Learning themes arising from escalations.

5.4 Equality and Inclusion Reporting

Report monthly and quarterly by:

- Age.
- Gender.
- Ethnicity.
- Disability.
- Sexual orientation (where available).
- Locality.
- Deprivation quintile/postcode analysis.

5.5 Workforce Reporting

Report:

- Staffing establishment.
- Vacancies.
- Sickness levels.
- Staff turnover.
- Mandatory training compliance.
- Safeguarding training compliance.
- Mental Health Awareness training compliance.
- Supervision compliance.

5.6 Quality Assurance Reporting

The provider should report:

- Number of records audited.
- Audit findings.
- Policy compliance.
- Information governance breaches.
- Service improvements implemented.
- Lessons learned.
- Outcomes from safeguarding audits.

5.7 Quality Assurance and Contract Monitoring

The Provider will cooperate fully with all quality assurance and contract monitoring arrangements. The Provider will facilitate observational audits, case file reviews and opportunities for authorised Trust representatives to observe service delivery, including live or recorded telephone contacts if available. Findings from these activities will be used to support service improvement, workforce development,

governance and assurance of the quality and safety of the service.

6 Applicable Service Standards

6.1 Applicable National Standards (e.g. NICE)

The Provider will deliver the service in accordance with all relevant national legislation, policy, guidance and best practice relating to mental health, wellbeing, safeguarding and community-based support services, including but not limited to:

- NHS Long Term Plan.
- NHS Community Mental Health Framework.
- NHS Mental Health Crisis Care Concordat.
- NHS 111 Mental Health Crisis Service Standards.
- NHS England Guidance relating to Urgent and Emergency Mental Health Care.
- NICE Guideline NG225: Self-harm: assessment, management and preventing recurrence.
- Mental Health Act 1983.
- Care Act 2014.
- Equality Act 2010.
- Human Rights Act 1998.
- Safeguarding Adults and Safeguarding Children statutory guidance.
- Information Governance and UK General Data Protection Regulation (UK GDPR) requirements.

6.2 Applicable Standards Set Out in Guidance and/or Issued by a Competent Body (e.g. Royal Colleges)

None.

6.3 Applicable Local Standards

The Provider will participate in local governance, quality assurance and service review arrangements as required by Humber Teaching NHS Foundation Trust to ensure the service remains safe, effective, responsive and aligned to local system priorities.

6.4 Information Governance

The Provider shall act as the Data Controller for all personal data collected, created and processed as part of the delivery of this service. The Provider shall maintain its own case management and record-keeping systems and shall be responsible for ensuring that all records relating to service users are accurate, complete, secure and retained in accordance with applicable legislation, NHS standards and organisational policies.

The Provider shall provide service users with a clear and accessible Privacy Notice detailing how their personal information will be collected, used, shared, retained and protected, including information regarding individuals' rights under UK data protection legislation.

The Provider shall ensure that information is shared in accordance with the Information Sharing Agreement (ISA) established with the Commissioner prior to service commencement.

The Provider must comply with all relevant Information Governance requirements,

including but not limited to the Data Protection Act 2018, UK General Data Protection Regulation (UK GDPR), Common Law Duty of Confidentiality, Caldicott Principles and the NHS Records Management Code of Practice.

The Provider shall maintain a current Standards Met submission against the NHS Data Security and Protection Toolkit (DSPT) throughout the term of the Contract and shall provide evidence of compliance to the Commissioner upon request.

The Provider shall ensure that appropriately qualified individuals are appointed to the roles of Caldicott Guardian, Data Protection Officer (DPO) and Senior Information Risk Owner (SIRO).

7 Location of Provider's Premises

7.1 The Provider's Premises are located at**:** To be confirmed.

8 Other requirements

8.1 Service and Contract Review

The service will be reviewed every 2-3 months although ad-hoc reviews can be called by either party outside of these timescales should they be required.

Service reviews will include review of operating hours based on call data and service demand, review of quality outcomes, and safety/risk. At the end of each year, a full contract review will be carried out to ensure that the quality and performance of the service is to standard, and that the Helpline is appropriately resourced to meet the demands of callers as we move into the next contracted year.