

Liverpool Community Mental Health Programme

The Life Rooms VCSE Micro-Commissioning Programme

Introduction

Liverpool City Council (LCC) Public Health and The Life Rooms at Mersey Care NHS Foundation Trust have developed a pilot programme to offer a community based mental health prevention offer to support individual and communities post the Covid-19 pandemic. The pilot will operate for a twelve month period and will tackle risk factors for poor mental health, self harm and suicide as well as enhancing existing services to meet the needs of residents with low level mental health conditions.

The pilot will offer help and support for all ages and will be family orientated and has been funded and shaped in partnership with Liverpool City Council Public Health Department using fixed term funds allocated to Liverpool to help manage the impacts of the Covid-19 Pandemic. The programme will be evaluated and the findings will help inform future strategic and commissioning intentions.

The Life Rooms context

The Life Rooms Social Model of Health is designed to support the prevention and population health agendas by activation through a three pillar model:

- Learning: A wide range of courses offering support in relation to mental and physical health as well as cultural and creative opportunities. Courses promote social inclusion and focus on lived experience as a key part of learning.
- Social Prescribing: Practical and social one to one support in areas such as employment, housing, debt. Individuals are connected to a wider system of community assets, including the voluntary and community sector, and clinical or social care services.

- Community: Building an accessible infrastructure within local communities offering welcoming environments and opportunities for collaborative working with the community to inform service design.

The three pillar model enables people to become more activated in their own health; it operates within a social approach that focuses on prevention and the enabling of community and community assets to acknowledge the role that social factors play in health, and to encourage system change. Through health activation and system change, population health is improved and pressure on clinical services is reduced.

The Life Rooms will participate in the pilot by providing:

- A peripatetic social prescribing service operated by Pathway Advisors through a combination of key drop-in appointments across Liverpool from community libraries and children's centre sites. There will also be over the phone and virtual provision.
- A learning provision operated by Learning Facilitators aimed specifically at children's centre staff to enable them to feel sufficiently confident and supported to undertake conversations about mental health and wellbeing.
- An employment support provision operated by Employment Advisors that helps to support individuals into volunteering opportunities and/or paid employment as well as offering support to remain in positions.
- Research and evaluation of the pilot undertaken by a Research Lead and three Research Assistants.
- A £700k fund to develop a series of micro-commissioned projects with VCSE organisations that are designed to support and enhance key health and wellbeing outcomes that have been identified as priorities within the pilot.

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The Life Rooms VCSE Micro-Commissioning Priorities

Overview:	<p>The Life Rooms VCSE Micro-Commissioning Programme aims to support and improve the health and wellbeing of local Liverpool residents by commissioning opportunities and activities with local VCSE organisations to address the health needs of their communities focusing on the following five priority areas:</p> <ol style="list-style-type: none"> 1. Parental mental health/wellbeing and resilience of families with children 2. Social isolation/improved relationships (older adults and other vulnerable groups) 3. Employability linked to direct pandemic impacts (e.g. furlough, business closures, health impacts preventing work) 4. Physical activity to enhance mental health 5. Marginalised groups – Refugee and Asylum Seeker health <p>Funding parameters</p> <p>£700,000 is available to support The Life Rooms to micro commission services from the VCSE organisations for the 12 month pilot. Funding will be in the form of a direct award which will be granted in one overall amount at the start of each project. It is anticipated that funding parameters will be in the range of between £50k and £100k per project and we will commission up to 14 projects</p> <p>Timeline</p> <ul style="list-style-type: none"> • Organisations are will be invited to a webinar Friday 14th January 2-3pm 2022 to advise them about the funding. • Organisations are invited to submit an Expression of Interest (EOI) by the 31st of January 5pm. • Successful organisations from the EOI stage will be notified week beginning 7th of February. • Full submission deadline will be 21st of February 5pm with expected commencement of all activity to take place no later than 1st April. • A final report will be produced in late March/early April 2023. <p>Contract monitoring meetings will be held on a quarterly basis in</p>
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	<ul style="list-style-type: none"> • May 2022 • August 2022 • November 2022 • February 2023
<p>Who can apply?</p>	<p>We are looking for mid to large sized organisations to apply and they must meet the following criteria in order to be eligible to submit proposals for commissioned activity:</p> <ol style="list-style-type: none"> 1. Have been established for at least 12 months as of September 2021 2. Demonstrate an income over £750,000 as per last accounts. 3. Be able to demonstrate that 75%+ of existing beneficiaries and/or beneficiaries of the proposed project are residing permanently/temporarily in Liverpool 4. Be a non-profit organisation with a constitution/governing document and clear charitable objectives 5. For Community Interest Companies, have at least three directors 6. Have an organisation bank account with two or more signatories 7. Be able to provide annual accounts or an income and expenditure breakdown for the past 12 months 8. Provide an up-to-date safeguarding policy for the organisation 9. Please note all organisations must be in a position to mobilise activity no later than April 1st 2022.
<p>Proposal criteria</p>	<p>We are keen to see innovative, preventative and integrated approaches and for submissions to see people in the context of their families, their communities and their neighbourhoods, not as problems to be solved, but as assets to be invested in.</p> <ul style="list-style-type: none"> • All project submissions must demonstrate sustainability beyond the funding period including: <ul style="list-style-type: none"> ○ sustained impact on outcomes for those that accessed during the funding period ○ sustained opportunities for additional beneficiaries beyond the funding period • Submissions should demonstrate that the end of this fixed term funding will not negatively impact beneficiaries, employees or anyone else involved • Project funding must not be used to set up a new organisation /or fund additional staff, but can be utilised to fund existing staff for proposed activity.

	<ul style="list-style-type: none"> • Project funding can be used to strengthen or extend existing projects provided robust sustainability plans are in place to continue beyond the funded period. • All project submissions must contain a robust exit strategy • All project submissions must demonstrate a willingness to work with appropriate, smaller grass roots organisations. We are keen to see clear outlines of how you will be engaging with smaller/grassroots organisations and how this will best benefit the work, the community and the organisations involved. Please note that organisations engaging smaller organisations will need to follow our Trust’s due diligence processes and governance. For further queries relating to this, email: Contracts.Cloud@merseycare.nhs.uk • We will require assurance from the main organisation that they will complete the appropriate due diligence relevant to any work they may be sub-contracting. Please note that if the organisation is found to have awarded funds inappropriately without due diligence then they will be liable to return this funding to Mersey Care • Proposals must address one or more of the outlined five priority areas and demonstrate clearly how they will be meeting the health and wellbeing outcomes detailed in the Appendix
Priority Areas	Outcomes and impacts
1. Parental / Family Wellbeing & Low-Level Mental Health Support	<ul style="list-style-type: none"> • To create activities that promote stronger emotional bonds within family units • To prevent Adverse Childhood Experiences (ACEs) and their impact by providing opportunities to prevent/alleviate parental mental health problems and improve children’s emotional health, wellbeing and resilience • To provide ongoing support and education around maintaining family wellbeing • To increase awareness and self-management of low-level mental health conditions in order to reduce the impact on parents, and family. • To provide support around factors that have a detrimental impact on mental health such as the social determinants of health
2. Social Isolation – improved relationships,	<ul style="list-style-type: none"> • To actively target those who have been experiencing a high level of social exclusion, particularly: <ul style="list-style-type: none"> - Older residents who have been shielding and cannot access digital inclusion opportunities

<p>in vulnerable groups such as older adults and young carers</p>	<ul style="list-style-type: none"> - Groups experiencing isolation such as young carers. • To improve community connectivity and increase a sense of belonging where people live. • To provide opportunities for intergenerational activities and enable communities to share stories, skills and spaces to build more cohesive community relationships.
<p>3. Employability</p>	<ul style="list-style-type: none"> • To support people, particularly parents, who face challenges in employment as a direct result of the Covid-19 pandemic (e.g. impacted by business closure, furlough or pandemic related physical/mental health problems) • To support people, particularly parents, who are vulnerable, disadvantaged or with otherwise complex lives to improve confidence, choices and employability skills. • To support individuals to access and maintain sustainable employment opportunities in order to contribute to long-term financial stability and independence • To support those in employment who are still experiencing financial insecurity and hardship by enabling them to easily access additional help in dealing with issues such as debt advice, housing support, fuel poverty. • Enable residents who are suffering from digital exclusion to access opportunities to improve digital skills development and employment options. • Social Enterprise/CiC start-up support. Encouraging residents to develop ideas into initiatives to improve the economic wellbeing of their local community.
<p>4. Physical Activity in Mental Health</p>	<ul style="list-style-type: none"> • Enable families, children and caregivers to access more opportunities to improve their physical and mental health together • To provide opportunities that support individuals to improve their knowledge and understanding of physical activity and how this impacts mental and physical wellbeing • To enable individuals to incorporate physical activity and healthy lifestyle choices into their daily lives in a balanced way to support self-management of mental health and improve activation. • Produce physical activity place-based prevention programmes that utilise blue and green spaces across the community such as; Forest School education, community growing initiatives, increased active travel options

	<ul style="list-style-type: none"> • Create more culturally inclusive and accessible active community programmes for a range of abilities.
<p>5. Marginalised Groups - Refugee/Asylum Seeker Health</p>	<ul style="list-style-type: none"> • To enable the creation of inclusive wellbeing offers that listen to and address the needs of marginalised groups with a particular focus on; LGBTQ+, refugees/asylum seekers, members of travelling communities, homeless, care leavers and those estranged from family networks. • To support engagement and working with marginalised communities; to understand their needs and ensure services are culturally aware, considerate and informed. • To produce opportunities for Marginalised Groups to actively co-create appropriate support resources and service delivery activity where they live • To increase a sense of belonging and community connection between Marginalised Groups (particularly Refugee & Asylum Seekers) where they live • To enable targeted and timely access for marginalised communities in relation to financial insecurity support

Commissioning arrangements

A callout will be issued by The Life Rooms with instructions about how to apply for the funding and the parameters governing the awards. The Life Rooms will follow the due diligence processes of Mersey Care NHS Foundation Trust (MCFT) to ensure that appropriate procedures are implemented in the administration and management of direct awards.

Awards will be made in line with the Trust's Standing Orders and Standing Financial Instructions. Because of the nature of the services to be delivered and the scale of the funding, it has been decided to award these contracts under the Light Touch regime. The Trust will work with commissioners, third sector organisations and experts by experience to identify gaps in services or where additional funding would add value to existing provision. MCFT staff will declare any interests that they or family members have in any of the services to be commissioned and if any interests are declared then that member of staff will take no part in the allocation of the funding to that organisation.

Contract management arrangements

Once a direct award has been made a contract document will be drawn up and signed by both parties prior to the first payment being made.

The Life Rooms will be responsible for decisions on the allocation of resources and will support the contract management arrangements, in conjunction with colleagues in the Finance and Contracts teams.

Contract monitoring meetings will be held on a quarterly basis to ensure that key performance indicators (KPIs) are being met. The meetings will be minuted. A quarterly report outlining the performance against the KPIs will be presented by the commissioned organisation at the quarterly meetings. The detail required in these reports will be proportionate to the value of funding allocated. Where KPIs are not met then the reasons for this will be discussed in the quarterly meetings and a decision taken on whether the KPIs should be adjusted or whether the provider will

need to produce a recovery plan. Where an organisation is unable to deliver on the services provided, or where recovery plans fail to assure the Trust that improvements will be made, the Trust will be able to terminate the agreement with 3 months notice. In the event of a serious incident then the Trust will follow the standard NHS contract terms which allow for immediate termination of contract. These are extremely rare occurrences and MCFT would not envisage having to use this contract lever.

Checkpoint reports on all of the direct awards will be provided on a monthly basis to The Life Rooms Senior Leadership Team and the Quality Improvement Group as well as to the Community Based Mental Health Prevention Offer Steering Group.

Performance monitoring

Data collection aims

Data collection must be mapped to the outcomes associated with the relevant priority area, as shown in the above table. Appendix A also shows the overall outcomes attached to Contain Outbreak Management Funding (COMF) in Liverpool that has funded this programme and others, which may be useful for organisations to be aware of.

Successful applicants will be invited to meet with The Life Rooms to discuss their data collection aims and methods in detail. This meeting will identify if further guidance is needed for your organisation to deliver these reporting and monitoring processes.

Data collection guidance

The following guidance should be considered as part of designing and implementing your data collection activity:

- **Side by side:** Collaborating with users of the service as part of the data collection process is valued in demonstrating meaningful outcomes. This means working with lived experience as part of the design and implementation process, not just as participants.

- **Demonstrating impact:** Significant focus should be given to evidencing impact on service users, staff and communities. Data collection activity should explore this alongside more routine outputs, such as numbers accessing the service.
- **Partnership:** Evidence of collaboration with smaller, grassroots VCSE organisations as part of service delivery is valued and should be included within any reports.
- **Sustainability:** Evidence of the creation of sustainable working practices is valued and should be included within any reports.
- **Evidence of spend:** Evidence of spend details against budget in application should be included within any reports.
- **Governance:** All data collection plans must be agreed by The Life Rooms and adhere to organisational governance arrangements.

Data collection framework

When designing your data collection activity, please consider the following data types and reporting outputs. Please note, you may not want to include all these data types and there may be data you wish to collect that is not listed here. This framework is to be utilised as guidance only; you will know what will work best for your organisation.

Data type	What can be reported on?
<p>Routinely collected activity data</p> <p>Routinely collected activity data such as the number of people accessing the service and the number of opportunities provided.</p>	<ul style="list-style-type: none"> • Numbers accessing • Number of opportunities provided • Most required interventions
<p>Demographic data</p> <p>Demographic break down of those accessing the offer</p>	<ul style="list-style-type: none"> • Demographic break down of those accessing the offer • Analysis of how this relates to population data – who are you capturing? Who are you missing?

<p>Outcome measures</p> <p>Pre and post outcome measures relating to wellbeing or other relevant factors</p>	<ul style="list-style-type: none"> • Number of pre-measures taken • Number of post-measures taken • Wellbeing changes (or otherwise) for those with matched data
<p>Routine survey data</p> <p>The opportunity to complete a survey to understand the experience of those using the service. This may include both open and closed questions relating to satisfaction levels, self-reported impact, or any gaps/improvements. Examples of questionnaires can be provided on request.</p>	<ul style="list-style-type: none"> • Number of surveys completed • Summary of survey data
<p>Case study data</p> <p>Collecting case studies allows for collection of more in-depth qualitative data, to offer a more detailed understanding of someone's journey through the service and its impact (as defined by the individual). Case studies relating to the different communities referred to in the defined outcomes will be particularly useful.</p>	<ul style="list-style-type: none"> • Number of case studies completed • Themes/quotes
<p>Qualitative data</p> <p>Some qualitative data can be collected with the surveys/case studies above. However, there is potential to do some more focused, in depth qualitative data collection, for example via interviews/focus groups.</p>	<ul style="list-style-type: none"> • Number of focus groups/interviews planned/taken place • Numbers recruited to focus groups/interviews • Numbers attended focus groups/interviews • Themes/quotes

Reporting schedule

Quarterly monitoring reports will be expected to be shared with The Life Rooms one week prior to the contract monitoring meetings. Quarterly monitoring reports should report on all activity in your agreed evaluation framework. We will review spend details against the budget in your submission. We may require evidence of spend.

Contract monitoring meetings will be held on a quarterly basis in

- May 2022
- August 2022
- November 2022
- February 2023

A final evaluation report reflecting on activity delivered, its impact and presenting all collated data and analysis will be expected to be provided in the final contract monitoring meeting.

Appendix

Broader project outcomes attached to Contain Outbreak Management Funding (COMF) in Liverpool:

1. **Improve low-level mental wellbeing in communities, workplaces, families and children**, such as anxiety, safety, loneliness, worry, fatigue, stress or depleted resilience
2. **Reduce known modifiable population drivers or mitigate risks for families vulnerable to their children becoming looked after**, such as substance misuse, domestic abuse, financial insecurities, housing insecurities, parental mental health, loneliness and perceived lack of support
3. **Support the formation of positive relationships** within communities, friendships and families, specifically considering parental attachment
4. **Enhance community, family and individual protective factors mitigating low-level mental wellbeing concerns** in communities, workplaces, families and children such as breastfeeding, peer support, increased positive social connections, positive relationships, enhanced skills and training in universal services/ targeted services, facilitating greater access to support, enhancing parental attachment
5. **Build mental wellbeing and suicide prevention skills and capacity into communities, families, children and young people**
6. **Demonstrate inclusion of communities often marginalised by services for low-level mental wellbeing concerns** such as those seeking asylum, LGBTQ+, young carers, carers, those with disabilities, living in low-income households or lone parents
7. **Targeted suicide prevention support at those populations vulnerable to suicide risk factors or suicide ideation** such as sex, age, financial insecurity, relationship breakdowns, self-harm, bereaved by suicide, known to the justice system, domestic abuse, adverse childhood experiences, social isolation, reduced bullying.
8. **Increasing community voluntary service provision of support for low level mental health and resilience in communities**
9. **Increase volunteering opportunities and participation within communities across all ages**