

# **Children and Young People Online Counselling Service**

**Tender Reference DN413085**

## **PART THREE Service Specification**

Please Note: This specification forms an integral part of the contractual arrangements and provides the criteria by which service quality, efficiency and effectiveness will be monitored and evaluated by the Contracting Authorities and other interested parties.

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## **1 Introduction**

### **1.1 Background**

There has been universal acknowledgement in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological well-being. For those children and young people with diagnosable mental health problems and their parents/carers and the agencies that support them, the challenges are greater. A number of disorders are persistent and will continue into adult life unless properly treated.

Following the development of the Nottinghamshire Young People's Health Strategy in 2015, influenced critically by views of local people, as well as by professionals and more recently through local engagement through the MH:2K project, young people continue to emphasize the importance of emotional health and wellbeing, and the lack of available information and support for children and young people on the subject. In light of this Commissioners are looking to procure an online mental health and wellbeing counselling service for the children and young people of Nottinghamshire (Mansfield and Ashfield, Newark and Sherwood, Nottingham North and East, Nottingham West, Rushcliffe and Bassetlaw).

### **1.2 Aims**

The aims of the service are to:

- Improve the emotional mental health and wellbeing of children and young people through prevention and early intervention
- Increase the early detection of mental health problems which will lead to improved mental health wellbeing for children and young people with mental health problems and their families
- Improve outcomes for children and young people with identified mental health problems through high quality, evidence based, accessible services
- Broaden the approach taken to tackle the wider social detriments and consequences of mental health problems working with other services
- Optimise value for money by developing quality services which achieve positive outcomes for children and young people within existing resources

The service vision is to ensure children and young people have timely access to safe online support, ensuring their voice is heard via high quality innovative service models which focus on early intervention and prevention, via outcome focused integrated and multi-agency working.

### **1.3 Scope**

The service will provide emotional mental health and wellbeing support through an online/web based counselling service, which will also be available via mobile applications.

Service delivery will cover the following CCG areas:

- Mansfield and Ashfield
- Newark and Sherwood
- Nottingham North and East
- Nottingham West
- Rushcliffe
- Bassetlaw

The service will:

- Provide a secure, moderated website with online community features available in an app (iOS and Android functionality)
- Provide an effective management and clinical oversight to the Online Counselling Services
- Ensure the online service is co-designed with children and young people
- Proactively target those children and young people who may not meet the CAMHS or adult mental health thresholds and offer early intervention to young people that are hard to engage through other routes
- Proactively target those children and young people from groups which may not be engaging in the service. Such as young men, with a view to tackle 'toxic masculinity'
- Use recognised assessment tools, and set clear outcomes with CYP using the service
- Provide a range of forums to offer young people an appropriate first point of entry including:
  - A chat function for a young person to 'speak' to someone.
  - A messaging function for young people to contact the service
  - Live discussion groups – run by professionals and with all comments moderated, to enable groups of young people to interact with each other in a safe environment
  - An online magazine which includes opportunities for young people to submit their stories or write articles, all of which is moderated
  - Information and activities on the site for young people to download
- Ensure that pathways are in place for follow on referral work, signposting and safe-guarding and to work closely with education, the CAMHS provider, urgent and emergency care and Early Help Unit to develop effective service pathways
- Work closely with Nottinghamshire Local Authority Social Care services to implement effective safeguarding and child protection procedures and referral processes
- Provide a trained qualified workforce experienced in working with CYP
- Work with other providers/agencies e.g. schools, colleges, GPs to continuously market the online counselling service and ensure that the service is universally known about, joined up whilst also working with targeted vulnerable groups of children and young people
- Provide all publicity materials for the service and promote the service
- Work collaboratively with local partners to deliver Nottinghamshire's Future in Mind Transformation Plan and be a member of the Nottingham City and Nottinghamshire Children and Young People's Mental Health Executive.

## **2 Strategic Relevance**

### **2.1 Nottinghamshire County Council,**

[Your Nottinghamshire Your Future](#) & [Children and Young People's Strategy](#)

### **2.2 National context and evidence base**

It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. Young people who are not in education, employment or training report particularly low levels of happiness and self-esteem. The Macquarie Youth Index 2015 reported that 40% of jobless young people have faced symptoms of mental illness as a result of

being out of work, and one-third of long-term unemployed young people have contemplated suicide. At the same time, effective treatments have been identified to improve the life chances of children and young people, and to minimise the impact on the long-term health of the population and economic cost to the public purse<sup>1</sup>.

Recent prevalence data shows nationally that emotional, behavioural, hyperactivity, and other types of mental disorder in 5 to 15 year olds have increased to one in eight aged 5 to 19. Rates are similar in boys and girls. They also found a slight upward trend over time in the prevalence of emotional disorders whereas rates for behavioural, hyperactivity and other disorders have remained broadly stable.

### 2.3 Local Context and Prevalence

NHS Digital recently undertook an analysis of the prevalence (2017) using national data from the 2011 ONS survey, the number of children and young people with 'any mental disorder' in Nottinghamshire can be shown (table 1).

These estimates need to be treated with caution since they do not take into account the variation in the prevalence of risk factors for mental health disorders across the County. For example, the prevalence of mental health disorders is higher among those living in deprived areas. In Nottinghamshire, Ashfield and Mansfield are the two most deprived districts, with a higher percent- age of children living in poverty in these two districts than the England average. Therefore calculating the numbers of children with a mental health disorder based on national rates may underestimate the actual numbers affected in these districts. However it is now understood that one in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017. This survey reveals a slight increase over time in the prevalence of mental disorder in 5 to 15 year olds (the age-group covered on all surveys in this series). Rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017.

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<sup>1</sup> Department of Health, HM Government, '*No Health without Mental Health. A Cross governmental strategy for people of all ages*' Crown Copyright (2011)

Green et al, *Mental Health of Children and Young People in Great Britain*, Office of National Statistics (2004) Kim-Cohen, J et al, *MAOA, maltreatment and gene-environment interaction predicting children's mental health: new evidence and meta-analysis*' *Molecular Psychiatry* (2006) v.11 903-913 (NHS Digital, 2018)

**Table 1: Estimated numbers of children age 5-18 in Nottinghamshire with ‘any mental health disorder’<sup>2</sup>**

	Children aged 5-10			Children aged 11-15			Children aged 16-18		
	Male	Female	All	Male	Female	All	Male	Female	All
Ashfield	575	304	879	507	487	994	296	630	927
Bassetlaw	488	266	754	447	434	881	272	575	847
Broxtowe	500	243	743	403	389	792	252	544	796
Gedling	542	261	803	457	443	901	268	569	837
Mansfield	493	260	753	410	395	805	234	496	730
Newark and Sherwood	533	280	813	481	466	947	274	599	873
Rushcliffe	547	280	827	503	456	959	246	554	800

9.

### 3 Service Specific Requirements

#### 3.1 What is the service?

The service will provide an emotional health and wellbeing service through an online/web based counselling system available by application. Children, young people and families who access the service will receive appropriate, timely and evidence-based support to meet a diverse range of specialist complex presenting issues that impact on the mental health and wellbeing needs. The support and lifestyle strategies promoted by the service will enhance and improve day to day living and inclusion into a range of social environments.

The service, via an online forum, will deliver outcome-informed interventions such as: CBT and cCBT (computerised Cognitive Behavioural Therapy); DBT (Dialectical Behaviour Therapy for complex presentations); Humanistic therapies (such as Person Centred Counselling, Relational Psychotherapy); and Solution Focused and brief therapy.

The service will ensure:

- CYP will receive an assessment of mental health need
- All children and young people engaged in the online counselling service will have an individualised plan of care with a lead professional

<sup>2</sup> Source: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

Source: population based on the 2011 Census

- CYP are offered a choice (where possible) with regards to the type of intervention provided
- Involvement by CYP and their families (where appropriate) in decision making and development of services provided to be achieved through active participation
- Continuous engagement and integration with referral agencies including schools, GPs and universal and early help service providers to not only promote pathways but ensure pathways are effective
- Service staff follow documented information governance arrangements
- CYP or their families/carers, consent to referrals and information sharing, and understand the need for this. Safeguarding risks should always be managed accordingly in terms of consent and data sharing.
- A robust governance system is in place to manage risk associated with support vulnerable children and young people with emotional health and well-being issues
- Service user information is kept confidential and shared with consent, except where there is a perceived or actual risk of harm which precludes this
- Clinical records are kept up to date and secure and there is a clinical records policy in place
- The service responds to the safeguarding needs of all CYP in accordance with Nottinghamshire Safeguarding policies and procedures and adheres to the statutory requirements stipulated in the Children Act 1989/2004
- Pathways will be in place to ensure that appropriate levels of 1:1 and/or group clinical supervision for counsellors is in place in line with requirements of BACP ethical framework.

### **3.2 When is the service required?**

The online portal will be available 7 days a week 365 days a year with counselling support provided from 12 noon to 11pm Monday to Friday and 4pm to 11pm at the weekends.

### **3.3 Capacity of Service**

The provider will be expected to deliver the number of hours a month, tendered as part of the tender process, of counsellors and moderation time to children and young people aged 10-25 years. The provider will be expected to provide details of how much counselling and moderation time will be provided within the financial envelope.

### **3.4 Resources to be provided by the Client**

N/A

### **3.5 Resources to be provided by the Supplier**

The provider will be expected to provide all resources relevant to the service provision. Any marketing materials will require prior approval by commissioners.

The online portal will be required to be compatible with a range of internet browsers and be accessible from desktop and mobile devices.

### **3.6 Record keeping**

The following principles should be followed:

- Service staff will be expected to follow Caldicott and information sharing guidance
- CYP or their families/carers, consent to referrals and information sharing, and understand the need for this
- A robust governance system in place to manage risk associated with support vulnerable children and young people with emotional health and well-being issues and child protection concerns, children in care, children adopted, young people with criminal behaviours.
- Service user information is kept confidential and shared with consent, except where there is a perceived or actual risk of harm which precludes this
- Clinical records are kept up to date and secure and there is a clinical records policy in place
- The service responds to the Safeguarding needs of all CYP in accordance with Nottinghamshire Safeguarding policies and procedures and adheres to the statutory requirements stipulated in the Children Act 1989/2004

### 3.7 Business Continuity

The provider will be expected to have a robust business continuity plan in place outlining contingency plans should there be any disruptive events throughout the life of the contract. Any disruption to service should be reported to commissioners at the earliest opportunity.

### 3.8 Statutory Compliance and Standards

The provider will be expected to adhere to any statutory regulations as mandated by the British Association for Counselling and Psychotherapy.

The specification links to the following NICE Quality Standards and will be reviewed upon the publication of further guidance. Please note this list is not exhaustive.

<b>NICE Quality Standard/ Guidelines Number</b>	<b>Title and Link</b>	<b>Published</b>	<b>Review</b>	<b>Age Range</b>
QS31	Health and Wellbeing of Looked After Children and Young People	April 2013	Apr 2018	0-18
QS34	Self-Harm	June 2013	June 2018	CYP from 8 to adult
QS39	Attention deficit hyperactivity disorder	July 2013	July 2018	CYP from 3 to adult
CG28	Depression in children and young people	Sept 2005	Dec 2015	<18
QS48	Depression in children and young people	Sept 2013	Sept 2018	5-18
QS51	Autism	Jan 2014	Jan 2019	Lifespan
CG128	Autism diagnosis in children and young people	Sept 2011	Nov 2014	<18
QS53	Anxiety disorders	Feb 2014	Feb 2019	Lifespan
PH4	Interventions to reduce substance misuse among vulnerable young people	Mar 2007		<25

QS59	Antisocial behaviour and conduct disorders in children and young people: pathway	April 2014	April 2019	<18
CG158	Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management	Mar 2013		<18
CG9	Eating disorders	Jan 2004	TBC	CYP from 8 to adult
CG78	Borderline personality disorder	Jan 2009	Jan 2015	Adults and young people (<18)
CG155	Psychosis and schizophrenia in children and young people	Jan 2013		<18
NG87	Attention deficit hyperactivity disorder: diagnosis and management	March 2018		CYP
NG69	Eating disorders: recognition and treatment	May 2017		Lifespan
NG26	Children's attachment: attachment in children and young people who are adopted from care, in care or at high risk of going into care	November 2015		<25
PH40	Social and emotional wellbeing: early years	October 2012		<5

### 3.9 Service change

Any service change or development will be discussed with commissioners prior to any changes being made. The service will be reviewed on a regular basis to ensure that service delivery/model is still appropriate.

## 4 Legislation, Policies and Procedures

### 4.1 Legislation

The provider must comply with all relevant legislation relating to the service, which includes any updates and amendments. It is the suppliers' responsibility to keep up to date with any such developments.

Relevant legislation/policies/procedures is listed below. This is not an exhaustive list:

#### National:

- Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (2015)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/414024/Childrens\\_Mental\\_Health.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf)
- No health without Mental Health, Department of Health (2011)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213761/dh\\_124058.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf)

- Talking Therapies, a 4 year plan, Department of Health (2011)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213765/dh\\_123985.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213765/dh_123985.pdf)
- Closing the Gap, Department of Health (2014)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/281250/Closing\\_the\\_gap\\_V2\\_-\\_17\\_Feb\\_2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)
- Health and Social Care Act (2012)  
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- Children and Families Act (2014)  
<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
- Mandate to Health Education England  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/411200/HEE\\_Mandate.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411200/HEE_Mandate.pdf)
- The Five Year Forward View for Mental Health, February 2016  
<content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>
- Transforming Care: Building the Right Support, 2015 <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>
- Transforming Care: Developing support and services for children and young people with a learning disability, autism or both, 2017  
<https://www.england.nhs.uk/publication/developing-support-and-services-for-children-and-young-people-with-a-learning-disability-autism-or-both/>
- Achieving Better Access to Mental Health Services by 2020  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/361648/mental-health-access.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/361648/mental-health-access.pdf)
- Five Year Forward View <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- Forward View into action: Planning for 2015/16 guidance  
<https://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>

#### **Local:**

- The Joint Health and Wellbeing Strategy (2018-22)  
<https://www.nottinghamshire.gov.uk/media/129223/the-joint-health-and-wellbeing-strategy-2018-2022.pdf>
- Nottinghamshire Children and Families Departmental Strategy (2018-21)  
<http://home.nottscc.gov.uk/media/129543/departmental-strategies-appendix-children-and-young-peoples-strategy.pdf>
- Nottinghamshire Joint Strategic Needs Assessment: Emotional and Mental Health of CYP (2014) [http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire- JSNA/Children-and-young-people/Emotional-and-Mental-Health-of-Children-and- Young.aspx](http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA/Children-and-young-people/Emotional-and-Mental-Health-of-Children-and-Young.aspx)
- Joint Nottingham City and Nottinghamshire Children and young people's Local Transformation Plan for mental health and wellbeing (2015-2021).  
<https://www.mansfieldanddashfieldccg.nhs.uk/media/40214/nottingham-and-nottingham-joint-local-transformation-plan-cyp-mh-2018.pdf>
- A Partnership Strategy for Looked after child and care leavers in Nottinghamshire (2018-21)  
<https://www.nottinghamshire.gov.uk/media/130637/lookedafterchildrencareleaversstrategy.pdf>

- Avoidable injuries in children and young people JSNA. (2019). <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/children-and-young-people/avoidable-injuries-in-children-and-young-people-2019/>
- Substance Misuse: Young People and Adults. JSNA. (2018) <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/cross-cutting-themes/substance-misuse-young-people-and-adults-2018/>
- Teenage pregnancy JSNA. (2017) <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/children-and-young-people/teenage-pregnancy-2017/>

## 4.2 Business, Employment and Staffing Practices

The provider shall have in place and available for scrutiny, sufficient, robust and up to date written policies, procedures and codes of practices. This includes adequate instruction, guidance and support for staff in the function and delivery of the service outlined within the specification. These should be accessible and available to all stakeholders including customers; such policies and procedure documents should include:

- Equalities and Diversity Standards
- Recruitment and Selection Policy
- Staff induction, supervision, appraisal, training and development
- Staff Code of Conduct, including professional boundaries
- Business Continuity Plan, to include: risk assessment and contingency in relation to interruption/closure of service i.e. power cut, inclement weather, unforeseen staff absence etc
- Management and Risk Assessment
- Complaints; for all stakeholders i.e. service users, families, carers and staff
- Safeguarding vulnerable adults and children
- Whistle blowing
- Confidentiality and Data Protection
- Health and Safety
- Anti-bullying
- Grievance
- Recruitment and use of volunteers

Children and young people, their families and carers shall be given written information on the Service and the providers' complaints procedure. The complaints and representations procedure shall be compatible with the requirements of the Children Act 1989/2004.

## 5 Workforce

The provider will be expected to provide appropriately trained and qualified workforce. The provider will ensure that the service is fully staffed at all times in order to fulfil the requirements of the service specification. All staff will be appropriately trained and qualified in line with recommendations made by the British Association of Counselling and Psychotherapy. It is the provider's responsibility to ensure that all appropriate qualifications and registrations (including DBS checks) are in place for all staff and reviewed where necessary. Confirmation will be required at tender stage.

The provider will be required to provide a training matrix to ensure that staff are appropriately trained and will also be required to provide ongoing confirmation that training and skill mix has been addressed on a regular basis.

The provider will have a recruitment and retention policy in place which will include training and development.

Relevant information should be provided in respect of any sub-contractors who will play a significant role in the delivery of the services.

## **6 Referral, Access and Acceptance Criteria**

### **6.1 Who will access the service?**

The service will be accessible to children and young people aged 10-25 and their families and carers registered with a GP within the following CCG areas:

- Mansfield and Ashfield
- Newark and Sherwood
- Nottingham North and East
- Nottingham West
- Rushcliffe
- Bassetlaw

The provider will raise any issues of concern in regard to cross boundary activity.

The service will support referred children and young people (including self-referred) through the provision of a range of online counselling services.

If a CYP would be better served by alternative provision an appropriate referral will be made. This could include either a step down or step up referral.

### **6.2 How will the service be accessed?**

The service will provide clear information about referral, thresholds and interventions available.

Referrals will be from self, GP, schools, universal and early help services and other targeted CYP services to the online counselling service. A system will be in place to enable children and young people to self-refer into the service, and also for parents/carers to refer young people to the service.

During the initial phase of the contract the service will undertake a programme of engagement and awareness raising about the online offer to ensure referring organisations are aware of the service and are able to access these.

For children aged 10 years there will be a targeted referral pathway to enable swift and easy access to an online counsellor. Referrals will be accepted from anyone working with the child and their parents/carers. The referrer will be able to access the site and complete a referral form which will be submitted via secure email. A counsellor will make contact with the child and/or referrer to arrange an online appointment.

## **7 Partnership Working**

This service will therefore be required to link with other services within the local area. For example (this is not an exhaustive list):

- Public Health

- Health Education
- CAMHS Highly Specialist Services (Tier 4 CAMHS)
- Community One CAMHS
- Community Child Health
- CSE/CSA therapeutic services
- Acute Paediatrics
- Accident and Emergency
- Adult Mental Health Services
- Workforce planning and education of staff
- Eating Disorder Service
- Child and Adolescent Crisis Resolution and Home Treatment Service
- Small Steps
- Healthy Families Teams
- Schools
- Primary, Community and Secondary health providers
- Social Care Services
- Schools, Colleges and other educational providers
- Other statutory and non-statutory services, including those commissioned by the Local Authority, Schools and other organisations
- Voluntary, community and faith sector organisations
- General Practice
- Universal health services

In particular the service will ensure clear protocol and processes with CAMH services and Early Help provision locally, and stakeholder feedback will actively be sought to monitor these relationships.

## **8 Safeguarding / Child Protection**

Local safeguarding procedures will be followed, these can be found at the following website. The website will ensure children and young people who access support data and information is protected. <http://www.nottinghamshire.gov.uk/1268>

## **9 Mobilisation and Timing**

### **9.1 Timing**

*Need to add timeframe once we have amended the tender timeline*

### **9.2 Mobilisation**

The service will need to be fully mobilized by 1<sup>st</sup> January 2020.

## 10 Expected outcomes and reporting requirements

Children and young people accessing the service will receive appropriate, timely and evidence based support to meet a diverse range of presenting issues that impact on the mental health, wellbeing and quality of life or the child or young person living with mental health and wellbeing needs. The support and lifestyle strategies promoted by the service will enhance and improve a day to day living and inclusion into a range of social environments.

The provider will be expected to collect, analyse and report on Routine Outcome Measures (ROMs) for all children and young people engaged with online counselling.

The provider will be expected to provide monthly/quarterly reports which measures demographics, usage, new registrations, feedback, outcomes and case studies. The provider must also be able to submit and flow data successfully to the Mental Health Services Data Set (MHSDS) and provide assurance on this to commissioners.

### Information, Outcomes and Performance Management Framework

Performance Indicator	Thresh- old	Format and Frequency	Consequence of breach
<b>Referrals:</b>			
Number of referrals received by: <ul style="list-style-type: none"> <li><input type="checkbox"/> Age</li> <li><input type="checkbox"/> Gender</li> <li><input type="checkbox"/> CCG</li> <li><input type="checkbox"/> Disability</li> <li><input type="checkbox"/> Ethnicity</li> <li><input type="checkbox"/> Source</li> <li><input type="checkbox"/> Presenting need/ reason for referral</li> </ul>	N/A	Monitoring Data/ Monthly	If information is not provided within two periods, then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Referral outcome: <ul style="list-style-type: none"> <li><input type="checkbox"/> Accepted</li> <li><input type="checkbox"/> Declined with no further action</li> <li><input type="checkbox"/> Signposted to other service</li> </ul>	N/A	Monitoring Data/ Monthly	If information is not provided within two periods, then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
<b>Activity:</b>			

<b>Performance Indicator</b>	<b>Thresh- old</b>	<b>Format and Frequency</b>	<b>Consequence of breach</b>
Number of new referrals received	>617 per quarter	Monitoring Data/ Monthly	If information is not provided within two periods, then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number of individual online users by: <input type="checkbox"/> Chat/Counselling <input type="checkbox"/> Messaging <input type="checkbox"/> Forum/Discussion Group	N/A	Monitoring Data/ Monthly	If information is not provided within two periods, then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number and % of all CYP referred with a mental health needs assessment completed	<505 (70% of those who register)	Monitoring Data/ Monthly	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number and % of all CYP engaged with online counselling with an individualised care plan	505 (70% of those who register)	Monitoring Data/Monthly	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.

<b>Performance Indicator</b>	<b>Thresh- old</b>	<b>Format and Frequency</b>	<b>Consequence of breach</b>
Number and % of CYP actively engaged with online counselling with a minimum of 1 ROM recorded.	>147 children and young people monthly	Monitoring Data/ Monthly initially	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number and % of counselling/moderation sessions utilised	>69 per month	Monitoring Data/ Monthly initially	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number and % of CYP actively engaged in counselling	>44 per month	Monitoring Data/ Monthly initially	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination procedures may be commenced.
Number and % of CYP 'not attending' counselling	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Number of interventions (by type) delivered	N/A	Monitoring Data/ Monthly	If information is not provided within two periods then termination procedures may be commenced

<b>Performance Indicator</b>	<b>Thresh- old</b>	<b>Format and Frequency</b>	<b>Consequence of breach</b>
Number of goals set and average movement	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Average number of counselling sessions per CYP	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Number of onward referrals (by sector/ provider)	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Number of hours of unplanned 'downtime'	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
<b>Waiting Times:</b> <i>Please note waiting times will be baselined during Q1 and Q2 of the contract to establish thresholds</i>			
Average waiting time for referral to be processed.	To be baselined	Monitoring Data/ Monthly initially	If information is not provided within two periods then termination procedures may be commenced
Average and longest waiting time for online intervention by: <input type="checkbox"/> Chat/Counselling <input type="checkbox"/> Messaging <input type="checkbox"/> Forum/Group Discussion	To be baselined	Monitoring Data/ Monthly initially	If information is not provided within two periods then termination procedures may be commenced
<b>Quality:</b>			
Service user feedback:  <input type="checkbox"/> Service users to be offered opportunity to evaluate experience <input type="checkbox"/> 85% rate the service as good or better <input type="checkbox"/> Report showing service user experience/case studies	100%  85%	Monitoring Data/ Quarterly	If targets are not met for two periods, or three over a year then the provider will draw up an action plan. If performance is not improved within a further two period then termination

Performance Indicator	Thresh- old	Format and Frequency	Consequence of breach
			procedures may be commenced.
Number of safeguarding incidents (full details will be required to be re-ported at time of incident)	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Number of complaints	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced
Trend analysis of complaints	N/A	Monitoring Data/ Quarterly	If information is not provided within two periods then termination procedures may be commenced.
Information governance: <input type="checkbox"/> Any significant data losses to be reported to commissioners within 48 hours	N/A	Annually	If information is not provided within agreed timescales termination procedures may be commenced.

Quarterly service reviews will take place between the provider and commissioners. The provider will be required to submit all relevant requested data 2 weeks prior to service review dates. The provider may also be expected to provide data to the Mental Health Services Data Set. Further details can be found here: [www.hscic.gov.uk/mhsds](http://www.hscic.gov.uk/mhsds).

## 11 Price/Funding

Included in service cost:

The provider is expected to provide the following within the funding available:

- Online portal that gives access to all elements of service provision as outlined in the service specification for CYP and families/carers
- Ongoing maintenance of the online function throughout the life of the contract
- Staffing to ensure all elements of the service can be delivered (this should include counsellors, admin function, IT support, management costs etc)
- Marketing and publicity materials required throughout the life of the contract.

### 11.1 Pricing structure

The contract is for 1 year and 3 months, and spans a two year contracting period as detailed below:

<b>Contract Year</b>	<b>Contracting period</b>	<b>PYE</b>	<b>FYE</b>
1	2019-2020 (1 <sup>st</sup> January 2020 -31 <sup>st</sup> March 2020)	£37,500	N/A
2	2020-2021 (1 <sup>st</sup> April 2020 – 31 <sup>st</sup> March 2021)	N/A	£150,000
<b>Total funding</b>			<b>£187,500</b>

### 11.2 Payment terms/invoice method

Payment will be made on a monthly basis (1/12 of yearly contract value)