

Report to: SINGLE COMMISSIONING BOARD

Date: 25 May 2017

Officer of Single Commissioning Board Anna Moloney, Consultant Public Health

Subject: **CONTRACT FOR THE PROVISION OF A YOUNG PEOPLES EMOTIONAL WELLBEING SERVICE**

Report Summary: To present a report seeking authorisation under Procurement Standing Order F1.3 to extend for a period of twenty four months where there is provision to do so in the contract.

The current contract price for the financial year 2016/17 is £91,500. This was a reduction the previous annual sum of £106,785 for the financial year of 2014/15 as part of Council's Budget Strategy. In addition, at the time of the national in year Public Health grant saving (October 2015) this contract was further reviewed. It was considered that this service could not sustain an additional saving without a significant detrimental impact on children and young people Tier 1 and Tier 2 mental health interventions. This would have implications for the whole system approach in transformation for young people's mental health services as set out in the Children and Young people Emotional Wellbeing and Mental Local Transformation Plan.

This contractual service provision offer is a significant part of Tameside's ambition to provide high quality, seamless services to children, young people and their families and reduce demand on high-cost reactive services. The offer is integral to the system integration outlined in the Local Transformation Plan for children and young people's mental wellbeing.

Recommendations: That the contract is extended for a period of twenty four months from 1 October 2017 to 30 September 2019.

Financial Implications:
(Authorised by the statutory Section 151 Officer & Chief Finance Officer)

17/18 Budget Allocation (if Investment Decision)	£ 91,500
CCG or TMBC Budget Allocation	TMBC
Integrated Commissioning Fund Section – S75, Aligned, In-Collaboration	Section 75
Decision Body – SCB, Executive Cabinet, CCG Governing Body	Single Commissioning Board
Value For Money Implications – e.g. Savings Deliverable, Avoidance, Expenditure Benchmark Comparisons	Expenditure and demand avoidance. Comparable benchmark data not available as a bespoke service contract (section 3.6 refers)

Additional Comments

The report requests a two year contract extension for the period 1 October 2017 to 30 September 2019 which is permissible within the terms of the existing contract.

Section 3.13 explains that it has been agreed that this contract is excluded from the wider commissioning review of existing grants and contracts.

The report also explains that the existing contract is performing well and is subject to quarterly monitoring reviews with the provider (please refer to tables in section 4.2). The service delivered also ensures greater demand related costs are avoided within the health and social care economy.

It is essential robust quarterly contract monitoring remains in place should the 2 year contract extension be approved. It is also essential that appropriate contract break clauses are also included within the extension period.

Economies of scale should continue to be monitored and evaluated as service provision within the economy is transformed over the medium term.

Legal Implications:

(Authorised by the Borough Solicitor)

There is no reason to believe that this contract has not been properly procured therefore it would not be unlawful to extend the contract as described.

How do proposals align with Health & Wellbeing Strategy?

The proposals align with the Developing Well, Living Well and Working Well programmes for action.

How do proposals align with Locality Plan?

The proposals are consistent with the Healthy Lives (early intervention and prevention) strand of the Locality Plan

How do proposals align with the Commissioning Strategy?

The service contributes to the Commissioning Strategy by:

- Empowering citizens and communities;
- Commission for the 'whole person';
- Create a proactive and holistic population health system.

Recommendations / views of the Professional Reference Group:

The Professional Reference Group advises that SCB endorse the recommendation that the Emotional Wellbeing Service contract is extended for a further 2 years from 1 October 2017 to 30th September 2019. The contract should continue to be part of our Children and Young People's Mental Health Transformation pathway.

Public and Patient Implications:

There may be implications for some Young People who without this preventive/early intervention service may then be admitted to hospital via Accident and Emergency Services either as an out-patient or an in-patient. The young person's family may also be impacted as they seek help for support and advice.

Quality Implications:

Tameside Metropolitan Borough Council is subject to the duty of Best Value under the Local Government Act 1999, which requires it to achieve continuous improvement in the delivery of its functions, having regard to a combination of economy, efficiency and effectiveness.

How do the proposals help to reduce health inequalities?

Via Healthy Tameside, Supportive Tameside and Safe Tameside.

What are the Equality and Diversity implications?

The proposal will not affect protected characteristic group(s) within the Equality Act.

What are the safeguarding implications?

Safeguarding is central to this service.

What are the Information Governance implications? Has a privacy impact assessment been conducted?

The necessary protocols for the safe transfer and keeping of confidential information are maintained at all times by both purchaser and provider.

Risk Management:

There are no anticipated financial risks given the relatively low value of the contract. The service will work closely with the provider to manage and minimise any risk of provider failure consistent with the provider's contingency plan.

Access to Information :

The background papers relating to this report can be inspected by contacting

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1. INTRODUCTION AND SCOPE

- 1.1 Commissioners are working to deliver the requirements in the Tameside Health and Wellbeing Strategy to achieve better outcomes for young people aged up to 25 years of age with respect to emotional wellbeing and mental health from prevention through to specialist services. The Emotional Wellbeing Service is an integral part of this delivery. It has complemented services provided by specialist mental health services and can be classified as targeted and universal tier 2 mental health services although delivery and referral, including self-referral, may often be via Tier 1 services.
- 1.2 **Tier 1:** Primary care services including those offered by GPs, paediatricians, health visitors, school nurses, social workers, teachers, juvenile justice workers, voluntary agencies and social services.
- 1.3 **Tier 2:** Child and adolescent mental health services relating to workers in primary care. It includes: clinical child psychologists, paediatricians with specialist training in mental health, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, counsellors, community nurses/nurse specialists and family therapists.
- 1.4 **Universal approach:** Universal approaches are curriculum-based programmes and other activities aimed at developing the social and emotional competence of all student

2. SERVICE VISION

- 2.1 In response to this challenge, the vision for this Service is as follows:
- 2.2 “Improve the emotional wellbeing of young people aged 10 - 25 who live in Tameside. This will be done by working with, supporting and actively engaging with children, young people, parents, policymakers and professionals.” The Emotional Wellbeing service is a bespoke service tailored to cater for the mental health needs of our young people and is a pivotal part of the early intervention and prevention pathway.
- 2.3 Young people that meet the criteria for specialist mental health services, such as the child and adolescent mental health service (CAMHS) or adult mental health services should be referred for assessment and intervention.
- 2.4 The Emotional Wellbeing Service is ‘person centred’ and evidence based, which means that it has been delivered in conjunction with young people to support them to work through their issues, at their pace, in their own ways. Any identified safeguarding issues are addressed via the appropriate channels and dealt with in a safe, timely and professional manner in line with the Tameside Local Safeguarding Children’s Board requirements.
- 2.5 The individual benefits/outcomes of emotional wellbeing support are described as:
- Better understanding of problems or issues
 - Improved coping strategies for the presenting problem(s)
 - Coping strategies that can be used and re-used for future problems
 - Improved health and well being
 - Reduced sickness absence from school/college/work
 - Prevention of further risk(s)
 - Improved life chances
 - Improved social skills
 - Individuals feel valued
 - Improved chances of returning to work/gaining employment

- Less need for medication
- Prevention of problems or issues escalating

3. CURRENT SITUATION

3.1 Promoting social and emotional wellbeing of young people will help local authorities and their local partners meet objectives outlined in the Public Health Outcomes Framework for England, 2013–2016 and 2017 refresh.

3.2 As outlined above the wider family and community influence the emotional wellbeing of young people, and the following information demonstrates the high level of risk for Tameside's young people:

- Children exposed to domestic abuse at an early age have on average lower mental development than those not exposed, (on average an IQ score 7.25 points lower). In 2012/13 there were 27.7/1000 incidents of domestic abuse in Tameside compared to the England average of 18.8/1000.
- The number of parents in Tameside who are attending treatment for substance misuse who live with their child/children in 2011/12 was 189.7/100,000 compared to 110.4/100,000 nationally.

3.3 Locally the percentage of children living in poverty in 2014 was 24% compared to the England average of 21%

- The rate of alcohol harm amongst young people in Tameside is significant with Tameside having the second highest proportion of young people aged 14-17 years who reported binge drinking across Greater Manchester. Alcohol related hospital admissions 2012/2013 for under 18 years is significantly higher than the England Average at 67.9/100,000 compared to 36.6/100,000
- The rate of Tameside young people aged 10 to 24 years who are admitted to hospital as a result of self-harm in 2014/2015 period was significantly higher than the England average at 572.1/100,000 compared to 398.8/100,000.
- The local rate of children and young people aged 0-17 years admitted to hospital as a result of a mental health condition in 2014/2015 was higher than the England average at 180.5/100,000 compared to 87.4/100,000.

3.4 The contract commenced on the 1 October 2015 for an initial two years and with provision to extend for up to an additional two years.

3.5 The current contract price for the financial year 2016/17 is £91,500. This was a reduction the previous annual sum of £106,785 for the financial year of 2014/15 when the contract underwent a robust procurement exercise assessing population health need, evidence based practice, return on social value and value for money. Off the Record were granted the contract after a competitive process.

3.6 In addition, at the time of the national in year Public Health grant saving (October 2015) this contract was further reviewed. It was considered that this service could not sustain an additional saving without a significant detrimental impact on children and young people Tier and Tier 2 mental health interventions. The assessment at the time showed demand for Off the Record service was at an all-time high which remains to date. This would have implications for the whole system approach in transformation for young people's mental health services. The service delivery is unique and bespoke to Tameside and is a critical part of our young person mental health pathway. The service provider has been a key

partner on the CAMHS transformation workstream so we have seamless service provision. Therefore it is difficult to assign comparative benchmarking data with other localities. The assessed impact on service delivery for a 7% reduction would mean the provider would have to renegotiate with commissioners the online service provision which is intended to reach out to our most vulnerable children who may not have the support of a parent/carer advocate. At a 10% reduction the overall level service provision would be reduced and the vision for the children and young people's mental wellbeing system scaled back. This would have a negative impact on the demand for GP services and Healthy Young Minds and further implications for outreach work into schools. A 15% reduction would necessitate implementing emergency measures to ensure the offer remained viable and safe.

- 3.7 This contract helps to provide the infrastructure, which enables OTR to provide other separately funded activities and projects such as the Time -2- Talk Project, which is funded by Comic Relief. In addition, all grant providers now scrutinise charitable organisations accounts to test their financial stability and sustainability. Any threats to long term funding make it much harder for organisations like OTR to raise much needed funding from The Big Lottery, Comic Relief, Children in Need etc.
- 3.8 The service is subject to three monthly performance management meetings which includes a review of performance data and case studies. It is also subject to an annual validation.
- 3.9 The Performance Officer has seen evidence from the young people who use the service that they clearly value the staff and the service that they receive feedback from young people is extremely positive regarding outcomes and quality of service received. They speak highly of all the staff and have stated that they feel that their lives benefit from using the service.
- 3.10 The service is performing as required under the contract and there are no contractual compliance issues, and overall the service has developed well with joint working across stakeholders.
- 3.11 Routine Outcome Measures data regarding the service is sent 6 monthly to the Child Outcome Reach Consortium (CORC). This is used as a national bench mark measure. Activity data is collated monthly in order for the data to be submitted in time. In addition Patient Stories are required quarterly and Annual Voice of the Child Audit findings to the Single Commission Service. Review meetings are held every 3 months with the provider and Single Commission.
- 3.12 The total cost for the twenty four month extension period will be £183,000 (£ 91,500 per annum).
- 3.13 It should be noted that this service contract is excluded from the wider commissioning review of grants and contracts as the service model and funding has been reviewed twice by commissioners during the last two years. To reduce the current contract price would seriously jeopardise the service efficacy as described above.

4. GROUNDS UPON WHICH AUTHORISATION TO PROCEED SOUGHT

- 4.1 Authorisation under Procurement Standing Order F1.3 where there is provision within the contract to extend for a period of up to twenty four months from 1 October 2017.
- 4.2 Robust contract monitoring has been undertaken throughout the length of the contract. The report's author is satisfied that the service is being delivered to an excellent standard.

Performance data received each quarter provides good evidence the service is meeting Children's Services objectives. Key performance measures are provided in table 1 below:

Table 1

	Oct 2015 to Dec 2015	Jan 2016 to Mar 2016	Apr 2016 to Jun 2016	Jul 2016 to Sept 2016	Oct 2016 to Dec 2016
Counselling - One to One Sessions					
Number of young people seen	120	126	137	133	111
Number of new young people seen	67	98	105	91	80
Number of sessions delivered	492	579	530	513	476
Average number of sessions delivered to each young person that attends - National average is 4.6 sessions.	4.1	4.6	3.8	3.9	4.3
Number of new referrals received	84	64	40	32	67
Number of young people discharged	46	40	39	53	44
Drop in Sessions					
Number of service users seen	50	64	40	32	38
Number of sessions attended by young people	50	38	32	48	57
Number of repeat visits by young people	23	26	17	16	19
Waiting Lists					
Number of young people on waiting list (All young people on the waiting are informed about the Drop-In, some attend)	207	267	127	113	149
Average number of weeks young people have been on a waiting list	20	22	18	14	13

Table 2 provides details of the referring partner / agency for new referrals :

Table 2

Partner / Agency	Oct 2015 to Dec 2015 %	Jan 2016 to Mar 2016 %	Apr 2016 to Jun 2016 %	Jul 2016 to Sept 2016 %	Oct 2016 to Dec 2016 %
GP	34	30	35	38	48
Friend/Family	9	13	15	16	13
School	20	34	18	10	7
CAMHS	8	5	9	10	5
Inspire Team	1			1	
College	4	1	2	1	1
The HUB/Social Services	4	3	6	8	6
Family First			1		1
Early Help	1	1	2	1	3
42 nd Street	2				
Branching Out	2				
Hospital		1		3	2

Ex client		9	12	12	11
Carer		1			
MIND		1			1
School Nurse		1		1	1
CAF				3	
Health visitor				1	
Leaving care				1	1
The Police				5	
A Poster					1

4.3 The service is essential to ensure there is; intervention at an earlier stage with young people who maybe or are experiencing mental and emotional health needs.

4.4 The current service provider has shown a commitment to continually improving systems and service delivery to meet the needs of its service users:

4.5 The following options have been considered and discounted for the reasons stated below:-

- **End contract and amalgamate the service with other services/contracts.** Due to the specific nature of this service, it would be extremely difficult to undertake any form of amalgamation with other services/contracts as it was felt that the elements of the service could easily be consumed and the success of the service suffer as a result. It would be difficult to purchase the individual elements of the service for the financial commitment that is already provided by each area, as outlined above.
- **End contract and re-tender;** there is no guarantee that we would be able to find a successful tenderer to provide this service at the price that we currently invest. This had been reviewed at the time of procurement; the impact of a further reduction would make the delivery of the specification untenable. This course of action would not provide any added benefits to the organisation, the service provider or the service users and may create a break in service provision for young people.
- **Extend contract on renegotiated terms;** the current contract price is very low in terms of the significance of this work and reflects value for money. To reduce the current contract price would seriously jeopardise the service as the supplier would find it difficult to deliver the same levels of support. The purchaser and supplier agree that the current funding levels meet the required demand.
- **Extend contract on current terms;** based on the positive performance during this contract to date. This is the preferred option.

5. REASON WHY USUAL REQUIREMENTS OF PROCUREMENT STANDING ORDERS NEED NOT BE COMPLIED WITH BUT BEST VALUE AND PROBITY STILL ACHIEVED:

5.1 The Procurement Standing Orders are being complied with. Under Procurement Standing Order F1.3 permission must be sought to extend a contract even when the provision to extend is included within the contract.

6. RECOMMENDATION

6.1 As set out on the front of the report.