

**Report to:** **STRATEGIC COMMISSIONING BOARD**

**Date:** 27 March 2019

**Executive Member / Reporting Officer** Councillor Ryan - Executive Member for Children's Services  
 Jeanelle de Gruchy - Director of Population Health

**Subject:** **CONTRACT FOR THE PROVISION OF A YOUNG PEOPLE'S EMOTIONAL WELLBEING AND COUNSELLING SERVICE**

**Report Summary:** Authorisation is required to conduct an open and competitive tender process, testing the market to secure an appropriate supplier to deliver a Young People's Emotional Wellbeing and Counselling Service in Tameside.

The current budget is £91,500 per annum and it is envisaged the service should run for a further five years. However, the options appraisal within the report seeks an additional £17,000 per annum to support and reduce demand locally.

- Recommendations:**
- (i) That Members approve the re-tender of the service for 5 years at the end of the contract period, due to expire 30 September 2019.
  - (ii) That Option E (b) outlined in section 4 of the submitted report, for the re-tender include an increase to the contract value to support the growing need and demand, at approx. £108,500, be approved.

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

<b>Integrated Commissioning Fund Section</b>	Section 75
<b>Decision Required By</b>	Strategic Commissioning Board
<b>Organisation and Directorate</b>	Tameside MBC Population Health
<b>Budget Allocation</b>	£0.109 million
<b>Additional Comments</b>  The existing annual contract value of £91,500 is included within the Population Health directorate revenue budget for 2019/20. The proposed contract value increase of £17,000 per annum to support increased demand has been identified via savings within the Population Health directorate budget.  It is essential that the proposed tender specification is aligned to the wider mental health strategy across the economy to ensure the efficient utilisation of diminishing resources.	

**Legal Implications:**  
 (Authorised by the Borough Solicitor)

In order to ensure the Council's fiduciary duty to the public purse is met, Members should be satisfied the proposals will produce value for money and improve the chances of

achieving the desired outcomes for young people.

As the Director of Finance has pointed out, the proposed increase to the contract value will need to be resourced from the Service's budget.

**How do proposals align with Health & Wellbeing Strategy?**

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

**How do proposals align with Locality Plan?**

The service is consistent with the following priority transformation programmes:

- Enabling self-care
- Locality-based services
- Planned care services

**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 Health and Care Advisory Group:**

Not scheduled for the Health and Care Advisory Group.

**Public and Patient Implications:**

Service reconfiguration and transformation has the patient at the forefront of any service re-design. The overarching objective of Care Together is to improve outcomes for all of our citizens whilst creating a high quality, clinically safe and financially sustainable health and social care system. The comments and views of our public and patients are incorporated into all services provided.

**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?**

The proposal will reduce health inequalities in Tameside by supporting those young people who identify emotional health and wellbeing needs.

**What are the Equality and Diversity implications?**

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

The service will be available to Adults with a learning disability regardless of ethnicity, gender, sexual orientation, religious belief, gender re assignment, pregnancy/maternity, marriage/civil and partnership.

**What are the safeguarding implications?**

There are no anticipated safeguarding issues. Where safeguarding concerns arise as a result of the actions or inactions of the provider and their staff, or concerns are raised by staff members or other professionals or members of the public, the Safeguarding Policy will be followed.

**What are the Information Governance implications? Has a privacy impact**

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

**assessment been conducted?**

A privacy impact assessment has not been carried out.

**Risk Management:**

The purchasers 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 procurement file and background papers relating to this report can be inspected by contacting the report writer, Nick Ellwood, Planning and Commissioning Officer or Charlotte Lee Population Health Programme Manager:



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## 1. BACKGROUND

- 1.1 Commissioners are working to deliver the ambition set in the Tameside Health and Wellbeing Strategy, Tameside and Glossop One Corporate Plan and the Children and Young People's Mental Health Local Transformation Plan (LTP), to improve the outcomes for children and young people (0 to 25) in Tameside.
- 1.2 With particular interest in emotional wellbeing and mental health, from prevention, through to specialist services; the current Young People's Wellbeing and Counselling Service has been an integral part to the delivery of the THRIVE model and commissioning component to the LTP (see appendix A for description) in Tameside and Glossop. The current Young People's Emotional Wellbeing and Counselling Service supports young people between the ages of 10 to 25, in the 'Getting Advice', 'Getting Help' and 'Getting More Help' quadrants.
- 1.3 In response to this ambition, the vision for this service is currently as follows:

***“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.”***

- 1.4 With the ambition and vision of the service, the Young People's Emotional Wellbeing and Counselling Service has worked closely with a number of partners including Healthy Young Minds (previously CAMHS). This partnership approach has enabled appropriate and safe referrals to the Young People's Emotional Wellbeing and Counselling Service, where children and young people have presented with reasonable need.
- 1.5 This need has then been met by the Young People's Emotional Wellbeing and Counselling Service which takes a 'person centred' and evidence based approach. Meaning 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 Safeguarding Children's Partnership requirements.
- 1.6 The outcomes of the Young People's Emotional Wellbeing and Counselling Service are well documented within quarterly reports which contain 'thank you' letters, case studies and output data (briefly highlighted with **Appendix B**). Moreover, the outcomes align to the Voice of the Child Strategy and the 'I Statements' created by local children and young people as part of the Local Transformation Plan.
- 1.7 Above this, supporting an individual with their emotional and mental health brings a number of additional benefits including:
  - 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 wellbeing;
  - 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.

- 1.8 These benefits are supported by a strong evidence base that is well documented across mental health publications, including the Mental Health Foundation's - [Mental health and prevention: Taking local action for better mental health \(2016\)](#).
- 1.9 With the understanding that the current contract for the Young People's Emotional Wellbeing and Counselling Service is due end 30 September 2019, the report forthwith provides a current position statement and options appraisal.

## **2. CHILDREN AND YOUNG PEOPLE MENTAL HEALTH OVERVIEW**

- 2.1 The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.<sup>1</sup>
- 2.2 Yet, it is understood that the prevalence of mental health disorders nationally is increasing. This is evident in the latest survey (2017) was funded by the Department of Health and Social Care, commissioned by NHS Digital<sup>2</sup>, and carried out by the National Centre for Social Research, the Office for National Statistics and Youth in Mind. The survey concluded:
- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
  - Specific mental disorders were grouped into four broad categories: emotional, behavioural, hyperactivity and other less common disorders. Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%).
  - Rates of mental disorders increased with age. 5.5% of 2 to 4 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds. Caution is needed, however, when comparing rates between age groups due to differences in data collection. For example, teacher reports were available only for 5 to 16 year olds.
- 2.3 Moreover, across England it is understood that:
- 50% of the population with lifetime mental illness will experience symptoms by the age of 14 years.<sup>3</sup>
  - Maternal depression is associated with a 5 fold increased risk of mental health conditions in children.
  - Boys aged 11-15 years are 1.3 times more likely to have a mental health issues than girls of the same age.
  - 60% of looked after children have some form of emotional or mental health problem.
  - Young people in prison are 18 times more likely to take their own lives than others of the same age.<sup>4</sup>
- 2.4 The increasing prevalence and demand is also supported by the voice of the child. In October 2018 local youth services held a ballot called 'Make Your Mark', the UK's largest survey of young people's views. It involves young people aged 11-18 taking part in a ballot to shortlist what is debated by the Youth Parliament later this year. In total 6,066 ballots were returned with improving mental health services the most voted for topic with 1,155 votes.
- 2.5 Regionally, children and young people make up a third of the Greater Manchester population and it is forecasted that the 0 -15 year old cohort will be one of the fastest growing groups

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<sup>1</sup> PHE and Children and Young People's Mental Health Coalition (2015) Promoting children and young people's emotional health and wellbeing: A whole school and college approach

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

<sup>3</sup> Children and young people's health outcome forum (2012) Report of the children and young people's health outcomes forum – mental health subgroup

<sup>4</sup> Department of Health (2013) Our children deserve better: Prevention pays

over the next 5 years. The Office for National Statistics (ONS) population estimates projects by 2025 there will be over 732,000 0-19 years' olds in Greater Manchester.

- 2.6 Table 1 below illustrates the estimated number of children with mental health disorders aged 5-17 years within each locality across Greater Manchester with the prevalence in Tameside and Glossop at 9.9%.

<b>Greater Manchester Locality</b>	<b>Locality Population Aged 5-17 yrs.*</b>	<b>Prevalence % **</b>	<b>Estimated Prevalence of Mental Health Disorder</b>
Bolton	47,297	9.8	4,635
Bury	30,549	9	2,749
Manchester	80,618	10.5	8,465
Oldham	41,833	10.1	4,225
Rochdale	36,288	10.1	3,665
Salford	37,267	10	3,727
Stockport	44,310	8.7	3,855
Tameside & Glossop	39,496	9.9	3,910
Trafford	39,957	8.4	3,356
Wigan	49,068	9.8	4,809
<b>Greater Manchester</b>	<b>446,683</b>		<b>43,396</b>
Greater Manchester (Aggregated)		9.7	43,328

\* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates

\*\*Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

*Table 1 Greater Manchester Estimated number of children with mental health disorders aged 5-17 years*

- 2.7 For Tameside and Glossop children and young people's mental and emotional health outcomes are worse when compared to the England averages. For example when looking at risk factors:
- In 2018 there were 616 looked after children (Tameside only).<sup>5</sup>
  - Around 329 children in need in 2017 were due to family stress or dysfunction (Tameside only).
  - Approximately 375 people in drug and alcohol treatment services in 2017/18 had children<sup>6</sup> (Tameside only).
  - Around 1,200 women experienced mild to moderate postnatal depression or post-traumatic stress in 2015/16.<sup>7</sup>
  - Around 15% of children and young people in Tameside and Glossop have a long term condition, disability or medical condition.
  - 16% of 15 year olds in Tameside report low life satisfaction.
  - More than half of all 15 year olds say they have been bullied.
  - Around 9% of 15 year olds say they are regular drinkers of alcohol.
  - Around 69, 10 to 15 year olds entered the youth justice system for the first time in 2017.<sup>10</sup> (Tameside only).
  - More than 1,500 10 to 15 year olds provide unpaid care.

<sup>5</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/766707/LAIT.xlsm](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/766707/LAIT.xlsm)

<sup>6</sup> <https://www.ndtms.net/>

<sup>7</sup> <https://fingertips.phe.org.uk/profile-group/mental-health/profile/perinatal-mental-health>

- More than 1,700 referrals to children social care in 2017/18 were related to domestic abuse.<sup>8</sup>

2.8 Therefore the prevalence of emotional and mental health issues for children and young people in Tameside and Glossop are significant:

- Around 3,124 children aged 5-16 years have a mental health condition.
- Around 1,195 children have an emotional disorder.
- Approximately 3,183 children aged 16 to 24 years have an eating disorder.
- 758 school aged children in 2018 had a social, emotional or mental health need (Tameside only).
- In 2016/17, 107 children were admitted to hospital due to self-harm.<sup>9</sup>
- There were 603 A&E attendances for self-harm in children and young people in 2017/18.<sup>10</sup>
- In 2017/18 there were 1,717 referrals to Child and Adolescent Mental Health services (CAHMS) in Tameside & Glossop.<sup>11</sup>

### **3. POSITION OF YOUNG PEOPLE'S EMOTIONAL WELLBEING AND COUNSELLING SERVICE**

3.1 The original contract commenced on the 1 October 2015 for a two year period with provision to extend for up to an additional two year period. Authorisation to extend was sought via a waiver decision and ends on 30 September 2019.

3.2 The current contract price for the financial year 2018/19 is £91,500. This was a reduction from the previous annual sum of £106,785 for the financial year 2014/15. In addition, at the time of the national in year Public Health grant cut (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 requiring mental health interventions. This would have implications for the whole system approach in transformation for young people's mental health services.

3.3 With the national understanding that young people's mental ill health is growing in prevalence<sup>12</sup> and emerging local programmes of work, there is an increasing concern that the service will not be able to meet the demand and need for 'counselling' support in Tameside (evidence supported within the waiting list numbers); despite the ambition and successes of Tameside and Glossop Children and Young People's Mental Health Local Transformation Plan.

3.4 The current service has seen a 60% increase in referrals to the service over the last 2 years.

3.5 Within the past 12 months the current service has on average, over a 12 month period:

- received 60-65 new referrals each quarter;
- supported 60 young people with their first counselling appointment, each quarter;
- seen on average a young person for 5 appointments (4.6 national average);
- has had an waiting list of over 100 young people, waiting approx. 10-11 weeks;
- delivered 'drop ins' to support those on the waiting list.

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<sup>8</sup> Tameside MBC Children's Social Care

<sup>9</sup> <https://fingertips.phe.org.uk/profile/child-health-profiles>

<sup>10</sup> TIIG

<sup>11</sup> <https://www.gmtableau.nhs.uk/#/site/TamesideandGlossopCCG/views/>

<sup>12</sup> <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017>

- 3.6 The service has been 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.
- 3.7 The Performance Officers have seen evidence from the young people who use the service that they clearly value the service and feedback from young people is extremely positive regarding outcomes and quality of service received. They speak highly of all the service and have stated that they feel that their lives benefit from using the service.
- 3.8 The service has been 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.
- 3.9 Routine Outcome Measures data regarding the service has been sent 6 monthly to the Child Outcome Reach Consortium (CORC). This has been used as a national bench mark measure. Activity data is collated monthly in order for the data to be submitted in time. More recently the Service has used the Mental Health Data Set launched 2018<sup>13</sup>. 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 three months with the provider and Single Commission.

#### **4. OPTIONS**

- 4.1 The service is essential to ensure there is intervention at an earlier stage with young people who maybe, or who are, experiencing mental and emotional health needs. Therefore, the following options have been considered and laid out as following:

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<sup>13</sup> <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set>



Option	Noting points
<b>A</b> End the contract	Whilst this would provide a significant financial saving, the service would not be available to support children and young people's mental health, negatively impacting on outcomes and quality of life.
<b>B</b> 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, as outlined above.
<b>C</b> 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.
<b>D</b> Extend contract on current terms	This is not an option under PSO's given that the contract ends on the 30 September 2019.
<b>E</b> End contract and re-tender (preferred option E(b))	<p>The preferred option is option E(b) given that the contract will end on the 30 September 2019.</p> <p><b>E(a):</b> re-tender with current contract value: <b>£91,500</b></p> <p><b>E(b):</b> re-tender but increase the contract value to support the growing need and demand. Seeking approx. <b>£108,500</b></p> <p>An additional £17,000 will support and reduce demand locally as described above. It will enable and improve goal based outcomes by enabling a robust service fit to meet the demand. The additional £17,000 has been identified from the existing population health budget from 19/20.</p> <p>To enable a clearer understanding of this, based on the current service £17,000 would build capacity to support an additional 60 young people per annum.</p> <p>The additional financial resources will come from savings within existing budgets from Population Health.</p> <p>We also seek permission to re-tender for a <b>5 year service</b>, with the understanding reasonable clauses will be included in the contract.</p> <p>Should permissions be granted further work will be carried out with the Youth Council to ensure the voice of the child/ young person is heard at the different stages of re-tendering.</p>

## 5. VALUE OF CONTRACT

- 5.1 The total cost for a further period of up to five years will be £457,500 (without additional investment). With additional investment of £17,000 per annum the total cost would be £542,500. The additional investment of £17,000 has been identified via internal efficiencies within the population health budget in 19/20.

- 5.2 Joint work with STAR has been ongoing with this tender project and STAR will be providing procurement support to the Commissioners.

## **6. RECOMMENDATIONS**

- 6.1 As stated on the report cover.

# APPENDIX A

## Local Transformation Plan Summary

The Local Transformation Plan outlines how the local area intends to transform Children and Young People's Mental Health over the next five years.

### Vision

We want children, young people and their families to be successful. We will work to ensure that positive opportunities and effective help are available at the earliest opportunity; enabling children and their families to make the choices that mean they can thrive and achieve. Where children and families do need to access services, they will be responsive, of a high quality and focussed on achieving self-reliance.

### Aims

To develop a personalised, joined up system to enable children and young people to stay well and provide the best support and care when and where they need it.

Embed the THRIVE framework as a multi-agency approach to meet the full range of children and young people's emotional and mental wellbeing needs. This will ensure the right support, is given at the right time through an 'open door'.



More young people to have access to evidence based help and support, quickly.

Everyone working together to promote children and young people's emotional well-being and resilience.

Mothers and their partners will get swift and easy access to a range of mental health support from pregnancy into the early years.

## **How will we get there?**

We will embed the THRIVE framework as a multi-agency approach to meet the full range of children and young people's emotional and mental well-being needs with strong leadership and governance. Some of the work includes:

### **Getting Advice – Signposting, support with self-management**

- Ensure children, young people and their families are listened to.
- Train staff working with children and young people to recognise needs and be able to respond to them quickly.

### **Getting Help**

- Increase the workforce through additional investment in frontline staff (specialist CAMHS and community services)
- Develop a single point of entry to support and help for children and young people with mental health and well-being needs.
- Create drop-in sessions so children and young people can access help and support quickly.

### **Getting More Help**

- Monitor and review to make sure that more young people are being supported and that the help they are receiving is making a difference.
- Enable children and young people with possible neurodevelopmental conditions to get the support and help they need quickly.

### **Getting Risk Support**

- Work with Greater Manchester Health and Social Care Partnership to develop a care pathway for those children and young people experiencing a mental health crisis.

### **'I' Statements**

- *I should be listened to, given time to tell my story and feel like what I say matters.*
- *I want my situation to be treated sensitively and I should be respected and not feel judged.*
- *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
- *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
- *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
- *I want my friends, family and those close to me to understand the issues so that we can support each other.*
- *I want clear and up to date detailed information about the services that I can access.*
- *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
- *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

## Appendix B

### Outcomes and Feedback of the current Young People's Emotional Wellbeing and Counselling Service

#### Outcomes of current service:

- To increase the number of young people accessing evidenced based emotional wellbeing support and interventions.
- A significant number of young people reporting improved goal based outcomes.
- To maximise the opportunities for integration and collaboration in adopting a whole system approach to young people's emotional wellbeing and counselling services that reduces the demand for specialist and targeted services through enhanced early intervention and prevention.

#### Feedback from Young People in receipt of Service:

**Any Other Comments?** (E.g. Has counselling helped you or the person you are supporting?)

(Please use the back of the sheet if required?)

Counselling has helped me so much! Being able to talk about it and have someone understand helped.

(Please use the back of the sheet if required?)

I love it here and it really help me to get rid of stress and anxiety

(Please use the back of the sheet if required?)

This has been an interesting journey for me. I think I could have died. All I could think about was not eating food. Food was my enemy. I talked and talked and my counsellor listened. Then I worked out it was the bullies at school and Facebook were my problem, not food. Thankyou All

Thank you :)

#### Feedback from Parent/ Carers:

(Please use the back of the sheet if required?)

I think its helped to get things off his chest and hear from a 'third party' that things will be ok and not just friends and family who he thinks say it because we have to and because we love him. Also to know he is not the only one who feels upset or different at times has made him feel less isolated I think.

Thank you :)

(Please use the back of the sheet if required?)

Every young person should have access to this service if they have a problem, it is excellent. The boy I am caring for has lots of anger issues and was getting involved with gangs. He has now been given the confidence to walk away and show some self control. Very good. Thank you :)

(Please use back of sheet if required)

OTR has been a lifeline for my daughters. My older daughter had a very difficult time transitioning from Primary to Secondary. Thanks to OTR she is doing really well at school now and her anxiety is greatly reduced. She is happy & her

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confidence has increased.

I am here with my younger daughter who is finding puberty anxiety provoking. As a Parent we don't always have the skills to cope without outside support. Hopefully this will help her too!

I just wish the waiting list was shorter. Thank you for all you do! ☺