**ONLINE MENTAL HEALTH SUPPORT AND COUNSELLING SERVICE FOR YOUNG PEOPLE IN BRACKNELL FOREST**

**APPENDIX B**

Service Specification

(includes appendices 3 – 13)

Contents

[***SERVICE SPECIFICATION 3***](#_Toc446776404)

[***APPENDIX 3: CONDITIONS PRECEDENT 13***](#_Toc446776405)

[***APPENDIX 4 – QUALITY OUTCOMES INDICATORS 14***](#_Toc446776407)

[***APPENDIX 5 – SERVICE USER, CARER AND STAFF SURVEYS 15***](#_Toc446776408)

[***APPENDIX 6 – CHARGES 16***](#_Toc446776409)

[***APPENDIX 7 – SAFEGUARDING POLICIES 17***](#_Toc446776411)

[***APPENDIX 8 – INCIDENTS REQUIRING REPORTING PROCEDURE 18***](#_Toc446776412)

[***APPENDIX 9 – INFORMATION PROVISION 19***](#_Toc446776413)

[***APPENDIX 10 – TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS 21***](#_Toc446776414)

[***APPENDIX 11 – SERVICE QUALITY PERFORMANCE REPORT 22***](#_Toc446776415)

[***APPENDIX 12 – DETAILS OF REVIEW MEETINGS 23***](#_Toc446776416)

[***APPENDIX 13 – AGREED VARIATIONS 24***](#_Toc446776417)

# SERVICE SPECIFICATION

|  |  |
| --- | --- |
| Service | **Online Mental Health Support and Counselling Service for Young People in Bracknell Forest** |
| Authority Lead | **Dr Lisa McNally, Consultant in Public Health** |
| Provider Lead |  |
| Period | **1 October 2017 – 30 September 2018, with optional, one year extension from 1 October 2018 to 30 September 2019** |
| Date of Review | **1 March 2018** |

|  |
| --- |
| 1. Population Needs |
| **1.1 National/local context and evidence base**  National picture  It is estimated that at least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s. [(Children & Young People’s Health Outcomes Forum, 2013).](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf)  Improving emotional health and wellbeing across the life course is associated with a range of better outcomes for people of all ages and backgrounds, including improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours and reduced risk of mental health problems and suicide. A study in 2011 (Knapp M, McDaid D, Parsonage M Eds (2011), cited in [Joint Commissioning Panel for Mental Health, 2013).](http://www.jcpmh.info/wp-content/uploads/jcpmh-publicmentalhealth-guide.pdf)found evidence that investment in the promotion of mental wellbeing, prevention of mental disorder and early treatment of mental disorder results in significant economic savings, even in the short term, across a range of public sectors.  The national strategy [*“No Health Without Mental Health”*](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf) (HM Government, 2011) supports the promotion of good mental health and intervening early, particularly in the crucial childhood and teenage years, to prevent mental illness from developing and mitigate its effects when it does.  NICE **Guidance** on the social and emotional wellbeing of children and young people [(NICE 2013)](http://publications.nice.org.uk/social-and-emotional-wellbeing-for-children-and-young-people-lgb12) highlights the importance of secondary schools adopting a comprehensive, organisation-wide approach to promote social and emotional wellbeing of young people.  The [Children & Young People’s Health Outcomes Forum (2013)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216853/CYP-Mental-Health.pdf) report also identifies other actions schools and colleges can take, including securing access to evidence-based support to address the early signs of emotional and behaviour problems.  More recently, the [“Future in Mind”](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) report (Children and Young People’s Mental Health and Wellbeing Taskforce, 2015) emphasised the need to improve preventative work, develop services for young people from vulnerable backgrounds, to make services more accessible and to improve data.  The current picture in Bracknell Forest  The Bracknell Forest Children and Young People’s Plan (2014-17) prioritises improvement of physical and emotional health and wellbeing from conception to birth and throughout life. Improving children and young people’s emotional health and wellbeing has been identified as a key priority in the Bracknell Forest [Joint Strategic Needs Assessment.](http://jsna.bracknell-forest.gov.uk/jsna-summary).  Bullying has strong associations with overall well-being (The Childrens Society, 2010). The What About YOUth national survey found that 54.8% of 15 year olds in Bracknell had experienced bullying; and of those, the majority (62.4% were girls) (WAY, 2014).  Services  Child and adolescent mental health services have traditionally been described as a network of services, comprising four tiers:-  Tier 1 (universal)  Tier 2 (targeted services)  Tier 3 (specialist community mental health services)  Tier 4 (highly specialised services, such as inpatient hospital provision)  Currently in Bracknell Forest there are several services that address young people’s emotional health and wellbeing issues, primarily at Tier 2 (in addition to the CAMHS Tier 3 service). This includes (but is not limited to):-  The Behaviour Support Team (School and Family teams)  Educational Psychology  Inclusion Support Officer  Anti-Bullying  Youthline Counselling Service  Online Counselling for Young People (this Service)  Youth Offending services  Pupil referral service  Aiming High behaviour support services  Family Intervention Project  Family Focus  ASSC (a mainstream service for children with autistic spectrum disorders or social communication difficulties)  Education Welfare services  The majority of these services are available to all children through a single agency referral route or via the early intervention hub. This includes those children who are looked after.  The [East Berkshire CAMHS Transformation plan](http://jsna.bracknell-forest.gov.uk/news/mental-health-services-children-young-people-transformation-plan) describes a vision for child and adolescent mental health services based on the [Thrive](http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf) model; a system without tiers, which describes four groupings for young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community (Wolpert et al, 2014).  **Evidence for Online Counselling**  MindFull   1. In 2013, Mindfull commissioned an independent YouGov survey of a representative sample of over 2,000 young people aged 16 – 25 asking them to reflect on their experiences of mental health before they were 16 years old.   Key findings were:-   * 52% of those young people who said they have ever had a mental health problem did not speak out because they were embarrassed. 30% said that they didn’t want to be a burden. * 47% of those who showed symptoms of depression according to NHS criteria when they were under 16, and spoke to people about it, never got the help they wanted * 79% think it is important for young people to be encouraged to talk about their mental health * 76% of young people who have ever had mental health issues think that putting mental health services online is an effective way to tackle mental health issues.   2. Counselling Psychology and the Internet: review of quantitative research into online outcomes and alliances within text-based therapy (Hanley T, D’Arcy J and Reynolds Jr, 2009)  This literature review concluded that the internet shows great promise for counselling psychology interventions, with both successful outcomes and strong therapeutic alliances being reported. The evidence in this relatively new field of study is sparse compared to the body of research around face-to-face counselling.  Key findings from the review:-   * Popularity of technology and high use of social media by majority of young people * Young people (especially boys) are reluctant to seek help for their mental health concerns, either not wanting to be a burden or feeling they can sort the problem out themselves * Effectiveness: Online counselling showed medium effect, same effect size as face-to-face therapy * Communication: Lack of visual cues can be a barrier but services and clients can enhance communication online by use of avatars to create a visual presence and emoticons to indicate mood/state of mind. Clients tend to be more disinhibited online than face to face. * Views of therapists:   + Therapists have expressed mixed views about the effectiveness of online counselling to develop the therapeutic relationship   + Online counsellors need extensive experiences of working with people off-line   + Important concerns about safety and informed **consent** if client is a minor. Ensure BACP ethical guidelines are in place.   + Must have adequate duty of care for aftercare support and robust pathways to local services  1. The use of digital technology is an important part in young people’s lives and many seek advice online on a range of topics. Accredited online counselling services that are easily accessible, give young people the right level of advice and support at the right time that meets their emotional health and wellbeing needs, are increasingly being commissioned as an adjunct to traditional face-to-face counselling services. 2. Xenzone pioneered online counselling in the UK in 2004. Online mental health support and counselling for young people via Xenzone’s “Kooth.com” has been delivered in Bracknell Forest since April 2015. 3. Locally, referrals to specialist CAMHS and waiting lists have reduced, in part due to the local availability of online counselling. There is therefore good evidence that providing a service that brings together a range of options for young people from simple mental health advice, information through to discussions forums and counselling (both on a “drop-in” basis and over a longer period as and when the young person needs it), can prevent levels of distress rising and reduce the burden on specialist CAMHS services. |
| 2. Key Service Outcomes |
| **2.1 The Key outcomes of the Service are to:**   1. contribute to reducing waiting lists and times for more specialist mental health services (CAMHS) by providing the appropriate and safe level of care at an early stage. 2. deliver measurable improvements in the emotional and mental health of young people who access the service 3. support young people with more complex mental health concerns by making appropriate referrals to CAMHS or signposting to other emotional health and wellbeing services as appropriate 4. demonstrate that young people are satisfied with the care and support they receive from the service |
| 3. Scope |
| **3.1 Aims and objectives of Service**  **3.1.1 Aims**   1. To reduce the stigma that can be associated with physically accessing a mental health service by offering an alternative to traditional face-to-face counselling that is easily accessible to young people 2. To deliver a fast, flexible and free to access, web-based professional mental health support and counselling service for young people in Bracknell Forest, as a means of improving emotional health and wellbeing, helping to prevent the escalation of concerns and providing young people with a greater choice of how and when they access counselling, advice and support that meets their needs. 3. To demonstrate Best Value service delivery and work proactively with the Authority to help manage the demand for the service   **3.1.2 Objectives**   1. Provide an online mental health support and counselling service to young people in Bracknell Forest aged 11 – 19 years (up to 25 years for children who are looked after). 2. Provide counselling and moderator time, that includes licence fee, marketing materials and integration support on the ground. 3. Provide a comprehensive and safe online environment that is young person-friendly, with secure email service, self-help tools and resources, human-moderated live discussion groups and forums, drop-in chats with counsellors, longer term/contracted counselling and clear pathways to other services 4. Provide full service seven days per week, with online counselling available, as a minimum, between 12pm – 10pm weekdays and 6pm – 10pm at weekends. 5. Provide a fully integrated service, through building strong working relationships with schools (notably headteachers, nominated pastoral leads, child protection leads, school nurses and any existing counselling provider in schools), local CAMHS services, the school and community-based young people’s counselling service (Youthline), GPs and other agencies as requested by the Authority, to explain how the service works, establish pathways of care and collaborative working arrangements. 6. To join the East Berkshire Counselling Network of other counselling providers, and to collaborate/share best practice, where appropriate, as agreed with the lead commissioner. 7. Provide quarterly, detailed reports to the lead commissioner on key performance areas (see information section) 8. Collect and report baseline and outcome data for young people accessing the service using appropriate, validated measures, such as YP-Core and goal-based outcome measures that reflect young people’s own goals for the counselling. Successful outcome parameters will be defined by agreement between the Provider and the Authority commissioner. 9. Play a full and active part in the evaluation of the service, including the production of;-    1. An annual summary report no later than four weeks following the end of the last quarter (ie one due 1 November 2018 and a second due 1 November 2019, if the optional **contract** extension is used.    2. Both reports should summarise quantitative **activity** and **outcomes** data and qualitative data from young people and stakeholders, including schools. 10. Ensure pathways to all relevant local services are identified and followed, with clear lines of communication established and ensuring that relevant staff in those organisations are aware of the service 11. Production of a marketing plan, in collaboration with the Authority. 12. The online service itself must be up and running by the start of the **contract** on 1st October 2017.   The initial stakeholder engagement work must be completed no later than one month following **contract** **commencement date**, although it is expected that there will be ongoing engagement with stakeholders throughout the **contract** period.   1. To ensure a prompt and efficient response to any queries or concerns raised by the Authority commissioner, young person or other local stakeholder within 48 hours.   Referrals and signposting   1. Young people may self-refer and/or be signposted from other services, such as CAMHS, Youthline, and young people’s groups in the community, including schools. 2. To make referrals to Berkshire CAMHS, where appropriate and with the young person’s **consent**, in accordance with defined access thresholds that will be shared with the provider upon **contract** award.   **3.2 Service description/pathway**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Description** | **Required activity** | **Accepted standards or requirement** | | | | **Online counselling service** | | | | | | A safe confidential online counselling service for young people aged 11 - 19 years of age (up to 25 years for looked-after children) | The service must offer online professional support, including short duration (drop-in) and longer term, structured, counselling with the option of support via phone, email and live chat.  By the start of the **contract**, the Service should be available seven days per week, with online counselling available, as a minimum, between 12pm – 10pm weekdays and 6pm – 10pm at weekends.  When the Service is not in operation there must be a way for young people to get advice and support via alternative sources or contact an on call adult representative.  The Service must be up to date with current **guidance** and advice and use a best practice approach.  Users of the service must have access to support at the end of the **contract** if required. This may be from an alternative source | All staff acting as moderators and/or counsellors have an up to date  enhanced DBS check, and be CEOP trained. They must also be  compliant with any new checks that may come into being throughout  the contract period.  Counsellors need to be accredited by the British Association of  Counselling and Psychotherapy (BACP) or UKCP (or being  currently supported by their organisation to work towards one  of these accreditations)  All staff receive clinical supervision, monthly supervision and an  annual appraisal that monitors their performance in line with the  Providers internal policies.  All staff have access to appropriate training to develop their expertise  Monitoring of staff cultural competence and ensure appropriate  training is provided where identified as needed.  Notes on discussions kept safe and only disclosed if they present a  safeguarding risk. The Provider must have safeguarding policies  that are appropriate to the organisation’s work and are aligned with  the Authority’s policies and procedures for safeguarding children and young people and information security at all times.  All staff engaged by the Provider must comply with the  Authority's Child Safeguarding Policy (latest version dated November 2013, and any subsequent updates)      And the Berkshire Multi-Agency Adult Safeguarding Policy and Procedures:    (note large document)  If a young person discloses a safeguarding concern, the Provider  shall track their IP Address and contact the Bracknell Forest Local  Authority Designated Officer (LADO) notifying them of any concern.    Contact details are [LADO@bracknell-forest.gov.uk](mailto:LADO@bracknell-forest.gov.uk)  or 01344 351572 or 01344 352020.  The Provider must comply with the Authority's Information Security  Policy:    and the Authority’s ICT Third Party Security Standards:    The Information Management & Security officer for the Authority is Amanda Byfield (01344 353071; Amanda.byfield@bracknell-forest.gov.uk)  As part of the registration process young people will need to  adhere to relevant safeguarding and confidentiality agreements.  If they don’t they would need to be referred to other relevant  agencies.  There should be an easy and clear way for all parties to end or  escalate the conversation.  Referral pathways to other local services to be followed.  The provider will adhere to the Fraser Guidelines in respect of  professional advice or services provided to young people under the  age of 16 years.  All young people under the age of 16 years should be encouraged  to talk to their parents about accessing counselling. | | | | **The website** | | | | | | | A youth friendly website that is accessible on PC and mobile devices. All information should be written appropriately for the audience.  The website must have a front facing page for the public to use as well as a password protected area.  There should be a dedicated log in area for users with extra information. | The website will need to ensure it is data protection and EU law compliant and adheres  to CEOP guidelines. It must have links to other agencies e.g. Childline, Samaritans,  Internet Watch Foundation (IWF)  The site must have moderation at all times (ideally human) to pick out abusive and  threatening messages and context of language**.**  The data protection policy must be clearly displayed on the website and any use of  cookies should be highlighted. Any policies must be written in a way young people  can understand.  The website must have clear sanctions for misuse e.g. warnings procedure and way  to block users or staff who misuse the site.  Personal information for users must be kept confidential  There must be clear safety **guidance** about sharing information and advice about the  use of data and information.  There must be a way to block and report concerns for all parties. | | | | | | **Integration with existing services** | | | | | | | The provider must ensure that the service is fully integrated with existing services for young people in Bracknell Forest, including but not limited to those specified in 3.5. | | | The Provider should have member (s) of staff on the ground to promote and integrate the service into the Bracknell Forest infrastructure and processes.  Stakeholders to be provided by the Provider with sufficient information about the service to enable them to support young people in accessing the service. |  | |   **3.3 Population covered**  Young people aged 11-19 years (up to 25 years for looked-after young people) resident in the Bracknell Forest local authority area or in the care of the local authority.  **3.4 Any acceptance and exclusion criteria and thresholds**  Acceptance criteria  Any young person aged 11-19 years (up to the 20th birthday) (up to 25 years for a looked-after) who self-refers to the Service and/or has been signposted by another agency with their **consent**.  Exclusion criteria  Any young person under the age of 11 years (not yet had their 11th birthday) or aged 20 years and over (over the age of 25 years for a looked-after young person)  Any young person who is currently accessing face-to-face or telephone counselling.  **3.5 Interdependencies with other services**  Public Health  CCG  GPs  CYP & L Director & Chief Officer Learning & Achievement  Schools (Headteachers, pastoral leads, child protection leads)  Educational Psychologists  Schools & Families Behavioural Support teams  Life Chances team  Local Safeguarding Children Board  Anti-Bullying Co-ordinator  Inclusion Support Officer  Family Support Workers  Berkshire Autistic Society  Youthline Counselling service  Domestic Violence service  Youth Offending service  CAMHS  AMHS  DAAT  Multi-Agency Safeguarding Hub (MASH)  And others as may be identified later  **3.6 Any activity planning assumptions**  In the two months before the final termination of the **contract** the Provider will, only after discussion with the Authority, implement a gradual, safe termination of counselling services for young people, signposting them to other services and sources of advice and support, as appropriate. |
| 4. Applicable Service Standards |
| **4.1 Applicable national standards eg NICE**  It is considered best practice for all health-related services to young people to meet the quality criteria specified in [“Quality Criteria For Young People Friendly Health Services” (DH, 2011)](https://www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services); which include accessibility, confidentiality and **consent**, staff training and attitudes and involvement of young people in monitoring and evaluating their experiences.  Fraser Guidelines (1985)  British Association of Counselling & Psychotherapy Ethical Framework <http://www.bacp.co.uk/ethical_framework/guidance.php>  <http://www.bacp.co.uk/ethical_framework/documents/GPiA002.pdf>  UK Council for Psychotherapy Ethical Principles and Code of Professional Conduct  <http://www.psychotherapy.org.uk/UKCP_Documents/standards_and_guidance/32_UKCP_Ethical_Principles_and_Code_of_Professional_Conduct_approved_by_BOT_Sept_09.pdf>  NICE Guidelines on the social and emotional wellbeing of children and young people [(NICE 2013)](http://publications.nice.org.uk/social-and-emotional-wellbeing-for-children-and-young-people-lgb12) highlights the importance of secondary schools adopting a comprehensive, organisation-wide approach to promote social and emotional wellbeing of young people.  In addition the Service is expected to be provided in line with all relevant statutory policies and frameworks and work together with the Authority Commissioner to ensure compliance, monitoring of standards and work towards continuous improvement.  **4.2 Applicable local standards**  Bracknell Forest safeguarding children and young people policies and procedures  Bracknell Forest E-Safety Exemplar Policy and Guidance 2012.  Bracknell Forest Children & Young People’s Plan 2014-2017  Bracknell Forest information security and data confidentiality policies and procedures  Bracknell Forest ICT Security & Operational Standards Required of Third Party Organisations. (2016)  Bracknell Forest recommendations for youth engagement *“A positive approach to youth engagement”,* (2012  ???  Xxxx |
| 5. Location of Provider Premises |
| The **Provider’s Premises** are located at |
| 6. **Required Insurances** |
| **6.1 Types of insurances and levels of cover required**  See Appendix A Section C1 (Special Terms and Conditions) |

# APPENDIX 3: CONDITIONS PRECEDENT

## Not used.

# APPENDIX 4 – QUALITY OUTCOMES INDICATORS

|  |  |  |  |
| --- | --- | --- | --- |
| **Quality Outcomes Indicators** | **Threshold** | **Method of Measurement** | **Consequence of breach** |
| % of young people who receive a response from a mental health professional within 2 hours | 95% | No. of young people per quarter who receive a response from a mental health professional within 24 hours - divided by - the total number of young people per quarter who access the service, requesting to have contact with a mental health professional online |  |
| The number of young people newly engaging with the service at six months and total for the year. | 1,000 (cumulative; 1 October 2017 – 31 March 2018)  2,300 (cumulative; 1 October 2017 – 30 September 2018)  Threshold for the optional year 2 (October 2018 – 30 September 2019) to be agreed | No. of young people who are new registrations in the quarter. Reported quarterly and measured cumulatively over the year. |  |

# APPENDIX 5 – SERVICE USER, CARER AND STAFF SURVEYS

Provide the Authority with an anonymised monthly summary of Bracknell Forest service user feedback.

# APPENDIX 6 – CHARGES

# See Pricing Schedule

# APPENDIX 7 – SAFEGUARDING POLICIES

See Schedule 1, Question 1.4.2.

# APPENDIX 8 – INCIDENTS REQUIRING REPORTING PROCEDURE

The Provider shall follow this process for all instances which require reporting.

1. The Provider shall report any incidents within the timescales indicated, or where no timescale is indicated, within 72 hours of the incident occurring
2. The Provider shall undertake any remedial actions reasonably requested by the Purchaser as well as follow its own internal policy
3. The Provider shall share the report into the incident with the Purchaser within 5 working days of completion, including finding the root course of the incident and action plan to rectify this
4. The Parties must comply with the arrangements for reporting, investigating, implementing and sharing **lessons learned** from **serious incidents**, patient safety incidents and non-Individual safety incidents that are agreed between the Provider and the Authority.

The action plan will be monitoring in the Review Meetings which may increase whilst the action plan is being followed.

The Provider shall notify **Serious Incidents** to any **Regulatory Body** as applicable, in accordance with the **Law**.

If the Provider gives a notification to any other Regulatory Body in accordance with the **Law**, the Provider must send a copy of it to the Authority within 5 working days.

Subject to the **Law**, the Authority shall have complete discretion to use the information provided by the Provider under this clause and Appendix 8 (Incidents Requiring Reporting Procedure).

# APPENDIX 9 – INFORMATION PROVISION

**Information should be provided on a quarterly basis and cover activity and outcomes from the previous quarter and cumulatively, by quarter.**

1. Number of counselling hours delivered by number of counsellors
2. Number of counselling hours remaining from hours purchased
3. Productivity: contracted hours & rate compared to actual hours & rate delivered. Highlight any concerns about over/under delivery against hours purchased, with projections if applicable.
4. Pre and post scores measuring the therapeutic relationship.
5. Young people’s mental health and goal-based outcomes and interpretation of scores
6. Throughput of young people using service and moving on (either step down or step up)
7. Young people’s feedback on satisfaction with service
8. Any parental concerns expressed to Provider (excluding formal complaints)
9. Number of formal complaints received that are resolved within 10 working days.
10. Number of formal compliments received (cumulative).
11. Number of young people accessing the website (broken down by age, gender, sexual orientation, disability and ethnicity and number that are unwilling to provide details)
12. Number newly registered on website
13. Type of professional or organisation in Bracknell Forest that young people are accessing the service from
14. How young people utilise areas of the website, by number and proportion
15. Time and day of logins
16. Types of presenting issues
17. Number of counselling sessions delivered per individual user (minimum, maximum and average)
18. Number of referrals made to Berkshire CAMHS or other services (by type of service).
19. Name of establishment where promotion of services has taken place and type of promotion e.g. face-to-face, school inset day training, sending of promotional material

Small numbers under 5 should be suppressed to avoid identification of individuals

Quarterly data returns to be sent to:-

[Public.health@bracknell-forest.gov.uk](mailto:Public.health@bracknell-forest.gov.uk) – no later than the 20th of the month following the end of each quarter and marked for the attention of Chris Stannard/Lisa McNally.

# APPENDIX 10 – TRANSFER OF AND DISCHARGE FROM CARE PROTOCOLS

The provider will work with the Authority commissioner and other local agencies to identify pathways for CAMHS, GPs, Schools, Safeguarding Children, Youth Services, YP DAAT and other relevant services and will ensure these pathways are followed at all times. Clear lines of communication should be established and a named contact person at each organisation identified.

The Provider must ensure at all times that there is safe transfer of and discharge from care for young people using the Service.

# APPENDIX 11 – SERVICE QUALITY PERFORMANCE REPORT

The Provider will report any issues regarding service quality at the quarterly review meetings, including the action taken to address any such concerns. Urgent concerns raised by young people, parents, staff or other professionals should be reported to the Authority commissioner within 24 hours and a plan of action agreed.

Urgent concerns raised by the Authority commissioner must be acknowledged immediately and a detailed response with proposed actions provided to the commissioner via email, no later than 48 hours after the concern was raised with the Provider.

The Provider must respond to all reasonable requests for information or phone/email responses, as quickly as possible, but no later than 72 hours from when the request is made.

The Provider will keep a log of any parental concerns which are to be summarised and sent to the Authority commissioner on a quarterly basis.

# APPENDIX 12 – DETAILS OF REVIEW MEETINGS

The Parties shall meet on a quarterly basis to review contractual compliance and performance and the outcome data as specified in Appendix 9. Review meetings to be scheduled to take place approx. one week after submission of the information specified in Appendix 9.

Aims

The aims of Contract monitoring are:

* to ensure that Service users receive a consistent and reliable standard of Service
* to support the Provider to maintain and develop a good quality Service
* to ensure there is a quality assured, affordable market for Services in Bracknell Forest.

# APPENDIX 13 – AGREED VARIATIONS

It is agreed by both Parties that recording of young people’s NHS numbers is not required (B13.4).