NHS Standard Contract 2020/21

Particulars (Shorter Form)

Contract title / ref: IAPT British Sign Language (BSL)

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Contract Reference	**C30727**
DATE OF CONTRACT	**As e-signed**
SERVICE COMMENCEMENT DATE	**1st November 2021**
CONTRACT TERM	**3 years with option to extend for 1+1**
COMMISSIONERS	**National Health Service Commissioning Board (Operating as NHS England)**
CORDINATING COMMISIONER	**National Health Service Commissioning Board (Operating as NHS England)**
PROVIDER	**Sign Health Ltd CAN Mezzanine Ltd 49-51 East Road London N1 6AH Charity number: 1011056**

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CONTRACT

This Contract records the agreement between the Commissioners and the Provider and comprises

1. these **Particulars**;

2. the **Service Conditions (Shorter Form)**;

3. the **General Conditions (Shorter Form)**,

as completed and agreed by the Parties and as varied from time to time in accordance with GC13 (*Variations*).

IN WITNESS OF WHICH the Parties have signed this Contract on the date(s) shown below

SERVICE COMMENCEMENT AND CONTRACT TERM	
Effective Date	**1st November 2021**
Expected Service Commencement Date	**1st November 2021**
Longstop Date	**N/A**
Service Commencement Date	**Date e-signed**
Contract Term	**3 years with option to extend for 1+1**
Option to extend Contract Term	**Yes**
Notice Period (for termination under GC17.2)	**3 months**
SERVICES	
Service Categories	**Indicate <u>all</u> that apply**
Continuing Healthcare Services (including continuing care for children) (CHC)	
Community Services (CS)	
Diagnostic, Screening and/or Pathology Services (D)	
End of Life Care Services (ELC)	
Mental Health and Learning Disability Services (MH)	X
Patient Transport Services (PT)	
Co-operation with PCN(s) in service models	
Enhanced Health in Care Homes	**NO**
Service Requirements	
Essential Services (NHS Trusts only)	**NO**
Is the Provider acting as a Data Processor on behalf of one or more Commissioners for the purposes of the Contract?	**YES**
PAYMENT	

National Prices Apply to some or all Services (including where subject to Local Modification or Local Variation)	**NO**
Local Prices Apply to some or all Services	**NO**
Expected Annual Contract Value Agreed	**NO**
GOVERNANCE AND REGULATORY	
Provider's Nominated Individual	[redacted]
Provider's Information Governance Lead	[redacted]
Provider's Data Protection Officer (if required by Data Protection Legislation)	**n/a – we are not required to have one under the legislation as we are not large enough.**
Provider's Caldicott Guardian	[redacted]
Provider's Senior Information Risk Owner	[redacted]
Provider's Accountable Emergency Officer	[redacted]
Provider's Safeguarding Lead	[redacted]
Provider's Child Sexual Abuse and Exploitation Lead	[redacted]
Provider's Mental Capacity and Liberty Protection Safeguards Lead	[redacted]
Provider's Freedom To Speak Up Guardian(s)	[redacted]
CONTRACT MANAGEMENT	
Addresses for service of Notices	**Co-ordinating Commissioner: National Health Service England Commissioning Board (Operating as NHS England)** **Address: NHS England, Quarry Hill, Quarry House, Leeds, LS2 7UE** **Email:** [redacted]

	Provider: [redacted] [redacted] Head of Psychological Therapies and Advocacy Services **Address: SignHealth, CAN Mezzanine Ltd, 49-51 East Road, London, N1 6AH** **Email: [redacted]**
Commissioner Representative(s)	**[redacted]** **Address: NHS England, Quarry House, Quarry Hill, Leeds, LS2 7UE** **Email: [redacted]**
Provider Representative	**[redacted] Business Development Manager** **Address: SignHealth, CAN Mezzanine Ltd, 49-51 East Road, London, N1 6AH** **Email: [redacted]** **Tel: n/a**

SCHEDULE 1 – SERVICE COMMENCEMENT AND CONTRACT TERM

A. Conditions Precedent

The Provider must provide the Co-ordinating Commissioner with the following documents and complete the following actions:

1.	Evidence of appropriate Indemnity Arrangements

C. Extension of Contract Term

1. As advertised to all prospective providers during the competitive tendering exercise leading to the award of this Contract, the Commissioners may opt to extend the Contract Term by 1+1 year(s).

2. If the Commissioners wish to exercise the option to extend the Contract Term, the Co-ordinating Commissioner must give written notice to that effect to the Provider no later than 3 months before the original Expiry Date.

3. The option to extend the Contract Term may be exercised:

   3.1 only once, and only on or before the date referred to in paragraph 2 above;

   3.2 only by all Commissioners; and

   3.3 only in respect of all Services

4. If the Co-ordinating Commissioner gives notice to extend the Contract Term in accordance with paragraph 2 above, the Contract Term will be extended by the period specified in that notice and the Expiry Date will be deemed to be the date of expiry of that period.

Or

NOT USED

SCHEDULE 2 – THE SERVICES

A. Service Specifications

National British Sign Language (BSL) IAPT Service Specification

1. Introduction

1.1 Population Needs

The Five-Year Forward View for Mental Health (FYFVMH, Oct 2016) and the Long Term Plan (LTP, 2019) emphasise the ability of IAPT services to provide support for people with depression and anxiety disorders that can be managed effectively in a uni-professional context. IAPT services remain a key focus of the LTP in delivering the improved outcomes aspired to by linking mental health and physical health. The LTP sets out a commitment to expanding IAPT services with a view to increasing access to psychological therapies for an additional 390,000 people with common mental health problems which means that by 2023/24 1.9 million people nationally each year will access treatment via IAPT services.

As IAPT services expand there has been a need identified to increase access for people who are Deaf and use BSL. Commissioning BSL services at a local level can be difficult due to the relatively small numbers of BSL users in each locality. Therefore, central funding has been identified to pilot a national BSL IAPT offer.

Deaf people are currently believed to be vastly underrepresented in IAPT services. They face a number of barriers including misdiagnosis and availability of appropriate communication aids. There are two main options for Deaf people reliant on BSL for accessing therapy via IAPT: accessing their local service through the use of a trained BSL interpreter or by accessing therapy from a trained IAPT clinician who uses BSL themselves.

1.2 Aim of the service

The National BSL IAPT Service is required to meet three overarching criteria:

1. To provide IAPT compliant therapies in BSL
2. To provide national coverage and accessibility
3. To build the BSL-speaking IAPT workforce

2. Service description

2.1. Provision of IAPT Compliant Therapies

The IAPT Manual (appendix 1) serves as an essential document for IAPT services, describing the IAPT model in detail and providing information on how to deliver IAPT services, with a focus on the importance of providing National Institute for Health and Care Excellence (NICE) recommended care. The national BSL IAPT service is required to deliver therapy which complies with the IAPT Manual and NICE guidance.

NICE recommended care

IAPT services are commissioned to provide NICE recommended psychological therapies. A list of NICE recommended interventions for each of the conditions which IAPT treats is provided in Table 2 in the IAPT Manual (Appendix 1).

Stepped care
The national BSL IAPT provider will operate a stepped-care model, which works according to the principle that people should be offered the least intrusive intervention appropriate for their needs first. Individuals who do not fully recover at this level should be stepped up to a course of high-intensity treatment. NICE guidance recommends that people with more severe depression and those with social anxiety disorder or post-traumatic stress disorder (PTSD) should receive high-intensity interventions first, without needing to access step 2 prior to receiving step 3 interventions.
Interventions should be provided in line with the relevant NICE guidance including adherence to session numbers and "dosage" of therapy.
Where risk escalates during the course of treatment, the service should liaise with the patient's local services to ensure this is managed appropriately and onward referrals are made as needed.

2.2 Accessibility & national coverage
Operating at a national level, the service will provide a combination of remote therapies, digitally enabled therapies, and face-to-face therapies to ensure that a suitable range of treatment options is available to any BSL user in England.

The service will work with people who are registered with a GP.

The service will not provide support to people under the age of 18 or to adults with active severe mental illness, e.g. psychosis, or for those at a high level of risk of suicide, self-harm or harm to others, where a uni-professional approach would not be appropriate.

Where there are co-morbid difficulties including (but not exclusively) Substance Misuse, Eating Disorders, Learning Difficulties and Personality Disorder, the service will make reasonable adjustments to ensure the delivery of services where clinically appropriate.

The BSL IAPT provider will demonstrate robust and meaningful involvement of service users and those who care for them in the development and delivery of their service, reaching each of the 9 protected characteristic groups (as referenced in the Equality Act 2010). In addition, the service will engage with people/groups who may inequitably access the services or who are at risk of poor mental health or who face barriers to accessing support.

The BSL IAPT service provider will determine hours of operation based on identified demand and the need to improve accessibility but it is envisaged that the service will be available during core office hours of 8am – 8pm with a number of evenings and weekend sessions as required.

Referral and Assessment
This BSL IAPT service will provide access to Deaf people who use BSL nationally. The service will directly accept self-referrals or referrals by a GP, IAPT service, or other health and social care professionals and staff, including

the third sector. Referral routes will be actively promoted to the BSL-speaking population and referrers or potential referrers.

The BSL IAPT provider will adopt a stratified approach to engaging people in the service ensuring that they are then assessed promptly and accurately. Should the referral not be appropriate for the service there will clearly communicate this to the patient and to the referrer. Where required, contact with alternative services will be made to ensure the patient's needs are met.

Interdependencies
The BSL IAPT service provider will need to develop strong relationships with professionals across a broad range of CCGs and their mental health care pathways, as well as social care to ensure that people with needs that are either not appropriate or too complex for IAPT services receive the necessary care in the right place.

It is expected that to develop adequate choice of services for people with common mental health problems, the BSL IAPT provider will develop robust collaborative working arrangements for communicating with service providers across sectors that contribute towards the social, psychological, health and welfare needs of people accessing the service. The BSL IAPT provider is expected to work particularly closely with a number of partners, including but not limited to the following:

- Local IAPT services;
- General Practice;
- Mental Health Services;
- Substance misuse services;
- Employment services;
- Offender services;
- Public health lifestyle / wellness services;
- Community and voluntary sector organisations

2.3 Workforce development
The BSL IAPT Service provider will support BSL users to access and complete IAPT compliant training, expanding the BSL-using IAPT workforce.

The BSL IAPT provider will ensure that all staff are competent in delivering the IAPT interventions they provide and will need to meet the requirements of the staffing position statement within the IAPT Manual. Services are required to offer supervision and support to agreed professional standards; details of which can be found in the IAPT Manual.

The BSL IAPT provider should carry out training with partner agencies in the identification of common mental health problems, to educate other services available to the general public on mental health and wellbeing issues relevant to the Deaf community.

The National BSL IAPT service should have an appropriate skill mix within their team. Assessment and treatment should always be provided by clinicians who have completed or are completing IAPT approved qualifications and have the

appropriate professional registrations or accreditations (as specified in the IAPT manual).

In terms of training and development:

- All staff should be appropriately trained, and for HI therapists accredited, to undertake procedures within the scope of their job role;
- Staff should be culturally competent and able to respond to a range of diverse experiences and identities of clients;
- All staff should be able to demonstrate Continuing Professional Development activity;
- Staff should participate in supervision, peer review networks, appraisal and Professional Development Plans.

3. Outcomes

3.1 Expected Outcomes

Local IAPT services are expected to meet nationally identified standards. These are monitored using the IAPT dataset v2.0, details of which can be found in NHS Digital's IAPT V2.0 Guidance Document.

The National BSL IAPT service provider is expected to develop a clear activity model as part of their bid, which will contain their expectations regarding access, outcomes & waiting times. IAPT definitions of access, outcomes & waiting times should be used.

The service provider will work to meet the key performance indicators (KPI'S) outlined below:

	KPI	Measurement & action
Access	**A minimum of 250 people are required to have accessed the service by the end of the first year. This annual target will be monitored monthly and providers will be required to demonstrate that they are meeting their forecasts at quarterly contract management meetings.** The provider will be required to demonstrate that access across all regions is equitable and fair as evidenced by information on access rates broken down by region.	NHS England & Improvement will review this via monthly data submissions to NHS Digital Funding will be released by the commissioners in monthly arrears. If this KPI is not achieved for two or more quarters in a row, the commissioner reserves the ability to withhold up to 10% of the agreed contract price. Risks & issues relating to this KPI will be raised at quarterly contract management meetings, and NHS England and Improvement project team will determine whether any further actions are required.

	The evaluation of bids will investigate providers' strategies for increasing access in the first year of delivery and year-on-year after that in line with all IAPT providers. Of those who access treatment (have a minimum of one attended treatment appointment) 55% are expected to complete a course of treatment (have a minimum of two attended treatment appointments).	
Recovery	At least 50% of people who complete treatment should recover.* At least 65% of people who complete treatment should reliably improve.*	NHS England will review this via monthly data submissions via NHS Digital. Funding will be released by the commissioners in monthly arrears. If this KPI is not achieved for two or more quarters in a row, the commissioner reserves the ability to withhold up to 10% of the agreed contract price. Risks & issues relating to this KPI will be raised at quarterly contract management meetings, and NHS England and Improvement project team will determine whether any further actions are required.
Waiting times	75% of people referred to IAPT services should start treatment within 6 weeks of referral, and 95% should start treatment within 18 weeks of referral.*	NHS England will review this via monthly data submissions via NHS Digital. Funding will be released by the commissioners in monthly arrears. If this KPI is not achieved for two or more quarters in a row, the commissioner reserves the ability to withhold up to 10% of the agreed contract price. Risks & issues relating to this KPI will be raised at quarterly contract management meetings, and NHS England and Improvement project

		team will determine whether any further actions are required.
Data completeness	All IAPT workers are responsible for entering timely and accurate information and outcome measurements for each person at each appointment. A minimum of 90% data completeness for pre/post-treatment scores from all clinical contacts is required.*	NHS England will review this via monthly data submissions via NHS Digital. Funding will be released by the commissioners in monthly arrears. If this KPI is not achieved for two or more quarters in a row, the commissioner reserves the ability to withhold up to 10% of the agreed contract price. Risks & issues relating to this KPI will be raised at quarterly contract management meetings, and NHS England and Improvement project team will determine whether any further actions are required.
Patient satisfaction	Patient experience questionnaires (PEQ) should be administered to all patients who have had one or more attended appointments with the service. The assessment PEQ should be administered after the assessment appointment. The treatment PEQ should be administered after the completion of treatment. At least a 20% response rate is expected and a summary of patient experience questionnaire responses and actions taken as a result of themes identified should be shared with the commissioners every quarter.	NHS England will review this via monthly data submissions via NHS Digital. Risks & issues relating to this KPI will be raised at quarterly contract management meetings, and NHS England and Improvement project team will determine whether any further actions are required.

*standard IAPT definitions of data metrics apply. These are detailed in NHS Digital's IAPT V2.0 Guidance Document
In addition to key performance targets agreed, the BSL IAPT provider will be required to submit the full IAPT dataset to NHS Digital providing monthly data

for public reporting. This will require the use of an appropriate patient record IT system. NHS England & Improvement will review this on an ongoing basis. More detailed discussion of the BSL IAPT provider's performance against all of the KPIs listed above will take place every quarter. The focus of this will be to support the service to perform well.

Funding
The provider will invoice NHS England & Improvement and funds will be released monthly in arrears. Any activity over 250 will be invoiced on the sliding scale at the end of the contract year (so year 31st October 2022)

Invoices are to include the monthly proportion of the fixed price for 250 patients. In the event that there is a substantially lower activity than the provider forecasted, this will be reviewed at quarterly contract management meetings and NHS England & Improvement will determine whether any further action, including the withholding of funding, needs to be taken.

Public Health Outcomes
The service will also be expected to actively monitor, and improve where necessary, their performance amongst individuals in contact with the service according to the following outcomes associated to the Public Health Outcomes Framework:

- Employment;
- Diet;
- Smoking prevalence;
- Sickness absence;
- Utilisation of green space for exercise / health reasons;
- Hospital admissions as a result of self-harm;
- Proportion of physically active and inactive adults;
- Self-reported wellbeing;
- Improve access to psychological intervention for people with the first signs and symptoms of common mental health problems;
- Deliver a service for people with common mental health problems, according to a public health approach, according to known needs intelligence and as part of community engagement to reduce barriers and inequalities;
- Develop the health and wellbeing agenda to support self-care/management through preventative / early identified initiatives and clearly defined pathways;
- Target services more equitably and focus on mental and physical health needs, particularly amongst those people within the 9 protected characteristic groups (as referenced in the 2010 Equality Act).

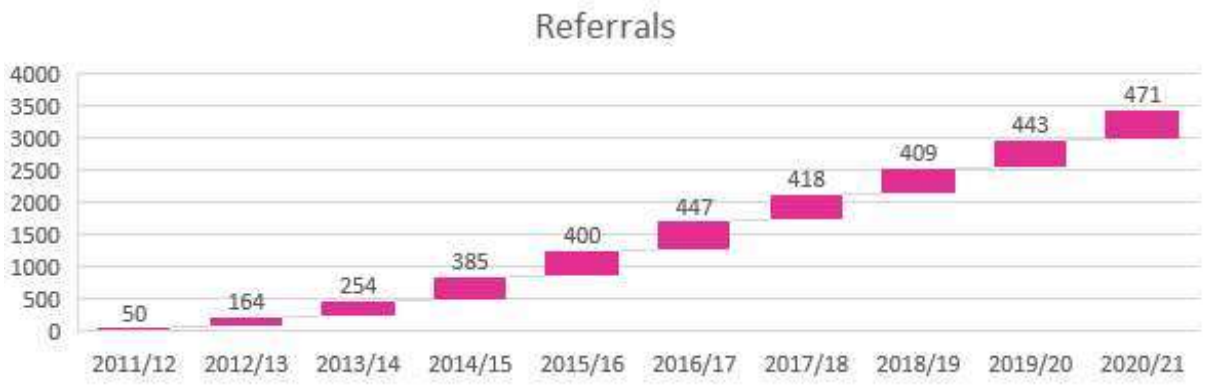
Appendix 1 – The IAPT Manual

THE DEAF HEALTH CHARITY SIGNHEALTH

1. Please outline your service model, describing the patient pathway and how you will deliver a service which complies with the IAPT manual. *Maximum 4 sides of A4 + up to 4 pages of diagrams if needed*

Background

SignHealth has been delivering IAPT compliant interventions to the Deaf community directly in British Sign Language (BSL) for ten years, funded mainly through Individual Funding Requests (IFR) agreed with individual CCGs for individual patients. Our knowledge, expertise and understanding in this area have enabled us to be at the heart of the Deaf community when it comes to the delivery of Psychological Therapies, offering reassurance through experience. Since 2011 SignHealth has received over 3,400 referrals from Deaf BSL patients, growing over time as evidenced below.



Service Model
Our proposed service model is that of the current IAPT stepped care model, providing Step 2 and Step 3 interventions, all treatments will be NICE recommended and IAPT compliant, delivered by accredited/accreditable practitioners.

Why us?
We are a Deaf-led organisation working with the Deaf community since 1986.

Referral

We will actively encourage referrals in a number of ways; naturally the most preferred option will be self-referral when the patient is ready to engage. We will also accept referrals from GPs and other professionals. As a well-established provider within the Deaf community we have the ability to hit the ground running, with over 23,000 people following us across our social media platforms and over 11,000 people accessing our website each month. SignHealth has several ways for patients to refer into our service, they can refer directly online which links to our patient database, or via post, email, text including WhatsApp, or through VRS (Video Relay Services) via SignVideo.

Assessment

Our in-depth Assessment will identify need, ensuring suitability for IAPT alongside the level of appropriate treatment, whilst promoting lower-level interventions first. Clinical risk will be managed and logged in our Iaptus patient database, using the appropriate risk assessment, whilst detailing from Low to High Risk. Crucially, working to a 90 minute assessment model allows our therapists to offer psychoeducation and self-help within this first contact session, which is so vitally needed within the Deaf community. Should any patients be deemed not suitable we will signpost and refer on accordingly, ensuring the patient knows exactly what is happening and why.

As an established national therapy provider, we have excellent links to other services, in particular all of the Specially Commissioned NHS Deaf Mental Health services - The John Denmark Unit for example in the North of England and Springfield Hospital in the South of England, specialising in Mental Health and Deafness. James Watson-O'Neill, SignHealth's Chief Executive, sits on the NHS England Clinical Reference Group for Specialised Mental Health and also

attends, with other SignHealth colleagues, the Deaf Mental Health Working Group which is a sub group of the CRG and includes NHS staff from all NHS Deaf Mental Health services.

Accessing appropriate treatment within the waiting time standards is a key performance indicator for any IAPT service. Under the current IFR funding model, SignHealth monitors how quickly we arrange the patients' first appointment following IFR approval, and on average, during 2020/21, patients received their first treatment appointment within 32 days. This will allow SignHealth to support patients to access our service within the 6 and 18 week waiting times standards.

Mental health specialists working with Deaf people have observed significant subgroups of Deaf patients who have a combination of language and cognitive problems, low levels of psychosocial functioning and independent living, poor emotional self-regulation skills, and behavioural problems (Glickman, 2009). This includes struggling in recognising and managing internal experiences like feelings, impulses, thoughts, and physical sensations. The person may not be able to recognise and name, or manage, conditions the therapist would identify as depression, mania, anxiety, anger, or trauma-related dissociation. Therefore, a pre-therapy approach is required (Glickman, 2020)[1]

Prior to treatment we will identify clients at assessment stage that would benefit from our new Understanding Emotions & What is Therapy Workshop. This workshop will be developed as part of our early intervention commitment, a Step 1 intervention. We know that our therapists sometimes spend up to two clinical sessions helping a Deaf patient to name specific emotions and link it to thoughts, physical sensations and behaviours. This pre-therapy model draws upon widely understood common factors in psychotherapy success as well as research-validated (for the general population) CBT techniques (Wampold, 2001)[2]

We also know that, within the Deaf community, there are many misconceptions of what therapy actually is. Many Deaf patients understand the English word of 'counselling' much more than 'therapy' and definitely more than 'IAPT'. During this session we will help explain what IAPT is, what interventions we use, what to expect from therapy, the therapeutic journey, as well as helping patients understand emotions more effectively. Workshops will be held in groups weekly online and will not be classed as a clinical intervention as this does not accurately reflect treatment and waiting time definitions.

Treatment

Based on our knowledge we know that early intervention has not been available to the Deaf community for a number of years for a range of reasons, e.g., accessibility to information, language deprivation due to delayed language learning and low educational attainment. However, we will change this through a dedicated Step 2 programme focusing on self-help and psychoeducation. We will offer patients at Step 2 guided self-help for mild-moderate presentations of Depression and Anxiety disorders based on CBT. For example guided self-help can include behavioural activation, cognitive restructuring, problem solving and sleep hygiene. All of our treatments will be delivered directly in BSL without the need of an interpreter and in Deaf culturally appropriate ways by our BSL fluent therapists, many of whom are Deaf themselves.

SignHealth has invested heavily in the development of new computerised CBT content in BSL, the first of its kind in the UK, for the implementation of this new national service. Modules based on Anxiety and Depression have already been completed, each module consists of six weekly sessions that the patient can complete alongside the support of a therapist to aid their journey. Each session consists of specially developed BSL videos, case studies, infographics and animations as well as the ability for patients to upload their own BSL videos.

Further modules focusing on Sleep Hygiene and General Wellbeing are currently in development and will be ready by late 2021/22. Other modules will be added to the platform over the length of the contract in line with patient need and broader feedback from the Deaf community, alongside the analysis of patient data and problem descriptors to ensure each developed module would be sufficiently utilised.

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[1] *Glickman, N. S., Crump, C., & Hamerdinger, S. (2020). Language Deprivation Is a Game Changer for the Clinical Specialty of Deaf Mental Health. JADARA, 54(1*

[2] *Wampold, B. E. (2001). The great psychotherapy debate: Models, methods, findings. Mahwah, New Jersey: Lawrence Erlbaum Associates*