**Specification**

Issued on behalf of

The Mayor’s Office for Policing and Crime (MOPAC)

**ITQ Title: Transitions to Adulthood Pilot – Mental Health**

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1. Organisational Overview
	1. The Mayor’s Office for Policing and Crime (MOPAC) invites you to bid for the requirements detailed below in accordance with the conditions outlined within this document.
	2. The Mayor’s Office for Policing and Crime (MOPAC) was established in 2012 and is the Police and Crime Commissioning body for London. MOPAC works in partnership across agencies at a local and national level to ensure there is a unified approach to preventing and reducing crime. MOPAC is responsible for delivering the Mayor of London’s Police and Crime plan through a range of grants and contracts. The provision of general and specialist services to victims of crime is a key element of this spending, as MOPAC has a statutory responsibility in this area, and MOPAC also funds a range of programmes focused on reducing re-offending and crime reduction.
	3. London’s Violence Reduction Unit, which was established in 2018, is a separate unit within MOPAC that brings together specialists from health, police, local government, probation and community organisations to tackle violent crime and the underlying causes of violent crime.
2. Introduction
	1. The Transitions to Adulthood Hub is a community-based holistic service for 18-25 year olds on probation in Newham and 17 year olds transitioning from the Youth Offending Service to adult probation. The Hub provide wrap-around support tailored to young adults’ distinct needs and informed by an understanding of maturity in order to reduce reoffending, improve mental health and support young adults to make positive life choices. Trauma-informed practice will be embedded across the Hub.
	2. MOPAC is seeking a Supplier/s to manage, oversee and deliver therapeutic, psychological and psychiatric interventions to young adults on probation accessing the Transitions to Adulthood Hub and to embed psychologically informed practice across the Hub.
	3. This work has a maximum value of £555,000 over the financial years 2021/2022-2022/23.
	4. This document sets out the context and scope of this programme and provides details on:
* National and regional context
* Scope of the project and requirements
* Governance, reporting and evaluation
1. Background
	1. Legislative and regulatory frameworks
		1. The project is funded by the government’s Shared Outcomes Fund which funds pilot projects to test innovative ways of working across the public sector. The lead government department responsible for the pilot is the Ministry of Justice, with MOPAC acting as programme manager and lead commissioner.
		2. The Probation Service has a statutory requirement to manage all adult offenders sentenced to custodial sentences, released from prison on licence and on community sentences.
	2. Current service delivery
		1. Young adults serving community sentences or on licence are managed by the Probation Service.
		2. 17 year olds serving Detention and Training Orders or Youth Rehabilitation Orders whose order ends after their 18th birthday are eligible to transfer to adult probation at 17 years and 9 months. The NPS seconds a probation officer to local Youth Offending Teams to manage transition cases.
		3. Research from a range of disciplines demonstrates that young adults are a distinct group with needs that differ from both children and older adults, underpinned by the developmental maturation process. The typical adult male brain is not fully formed until at least the mid-20s, meaning that young adult males typically have more psychosocial similarities to children than to older adults.
		4. The Justice Select Committee’s (JSC) 2018 report on young adults in the Criminal Justice System concluded that the Criminal Justice System’s approach to managing young adults is not working and that a clear and effective strategy is needed.
		5. In addition, there is a lack of rehabilitative services available to meet the distinct needs of young adults in the criminal justice system, with generic adult services often not tailored to the particular needs of 18-25 year olds. Young people transitioning from youth to adult services often face a cliff-edge in terms of the support available to them, with support services dropping off at the age of 18.
		6. The Ministry of Justice in their response to the JSC‘s report highlighted a number of measures that were already in place to respond to the issues affecting this cohort and made a commitment to continue to develop its approach to addressing the distinct needs of young adults.
		7. As part of probation reforms being taken forward, the National Probation Service has developed new ways of working with young adults on release and under community supervision. When implemented, this will include improved support for young adults during the transition between youth and adult systems.
		8. To help identify issues with low psychosocial maturity, Her Majesty’s Prisons and Probation Service (HMPPS) has developed an evidence-informed screening tool which is available across prisons and probation to assess young adults who are still maturing neurologically, and a resource pack is also available to help staff work with those identified as needing more support.
		9. The new Offender Management in Custody (OMiC) model in prisons means that young adults will have more consistent key worker support. HMPPS is working in collaboration with the Youth Custody Service to improve the transition process from youth to adult custody. The vision is to agree a national transitions policy that can be operated consistently across the estate, with a central management body responsible for oversight of all transitions arrangements based on individual need.

Mental health and probation

* + 1. Despite a high prevalence of mental health needs amongst people in contact with the criminal justice system, mental health services are not currently co-located with probation. Probation officers can make referrals into community mental health services, but the strength of these referral pathways varies from borough to borough. Within Newham, these referral pathways are not well-established.
		2. There is often a high threshold and lengthy referral process for accessing adult community mental health services and a lack of appropriate services to meet specific cultural needs. For young adults on probation, particularly those from minoritized communities, the language and culture of formal therapy can be a further barrier to engagement.
		3. Mental Health Treatment Requirements (MHTR) are a treatment requirement which can be made as part of a Community Order. They are intended for people convicted of low-level offences who have a mental health problem which does not require secure in-patient treatment. However, there is a gap in services to deliver requirements and so usage of MHTRs in London is low. MOPAC is piloting a Community Sentence Treatment Requirement (CSTR) protocol for women across six boroughs in South London. The sentence can be given to women who commit low level offences who would have received a short custodial or community sentence and also have substance misuse or mental health needs. Decisions on wider roll-out of this model will be taken in due course.

London pilot – the Transitions to Adulthood Hub

* + 1. Police and Crime Plan (2017-2021): One of the priority areas in the Mayor’s Police and Crime Plan is a better criminal justice service for London. In particular, there is a commitment to “work with our partners to deliver a specific approach to young adults across all criminal justice agencies that is focused on continuing and integrating services, particularly at the transition point between youth and adult services”.
		2. The Transitions to Adulthood Hub pilot is a partnership between MOPAC, the Ministry of Justice, National Probation Service, Community Rehabilitation Service, Youth Justice Board, Department of Health and Social Care and Ministry of Housing, Communities and Local Government.
		3. The Ministry of Justice secured funding for the pilot from Her Majesty’s Treasury via the Shared Outcomes Fund, which was announced in July 2020, with the London Borough of Newham selected as the pilot location in January 2021.
		4. Newham has a high volume of young adult offenders, with higher than average levels of drug and violent offences.
		5. There is a disproportionate number of young adults from Black, Asian and Minority Ethnic communities on probation in Newham, accounting for 66% of the cohort. Aggregate data on the ethnicity and religion of the current caseload is included at Annex 4 and should be considered while formulating the proposed approach to delivering the service.
1. Overview of the Service
	1. Service Aims
		1. The Service’s overarching aim is to improve the mental health and emotional wellbeing of young adults accessing the Service.
		2. The Service will aim to increase young adults’ access to and engagement with therapeutic and psychological support. To achieve this, the Service must be designed and delivered in such a way to meet the distinct needs of young adults on probation in Newham, including those from Black, Asian and Minority Ethnic backgrounds.
		3. The aim of the Service is also to embed psychologically informed practice across the Hub by attending multi-agency case formulation meetings and offering guidance on cases to hub staff.
	2. Programme objectives
		1. The aims of the Transitions to Adulthood pilot are to:
2. Reduce reoffending amongst young adults on probation in Newham (frequency and severity)
3. Increase compliance with probation and reduce breaches
4. Improve mental health and resilience, thinking skills and attitudes
5. Support health improvements, including substance misuse desistance
6. Reduce homelessness, rough sleeping and improve access to stable accommodation
7. Improve support networks and personal relationships
8. Increase employment rates, educational attainment and employment-related skills
9. Improve partnership working and information sharing between agencies
	* 1. A logic model detailing the activities, outputs, outcomes and impacts for the London Transitions to Adulthood pilot can be found in Annex 1.
		2. Young adults in the Hub will have access to tailored specialist services in addition to this Service, including but not limited to accommodation support, substance misuse and Education, Training and Employment support.
		3. This Service directly relates to outcomes 3 and 8 and, by improving young adults’ mental health, may also have an incidental impact on other pilot outcomes.
10. Service Requirements
	1. Scope
		1. The Supplier/s is required to deliver an innovative mental health and emotional wellbeing Service for young adults accessing the Transitions to Adulthood Hub in Newham.
		2. The Supplier/s will be responsible for assessing, supporting and treating young adults with mild to severe mental health issues (including mental illness and personality disorders) and neuro-developmental problems.
		3. The Supplier/s will provide psychological and therapeutic interventions under an innovative, flexible, adaptive and culturally competent therapeutic model. The model will encompass less formal, indirect therapies, creative therapies and more established modalities, therapies and treatment.
		4. It is anticipated that 550 young adults will access the Transitions to Adulthood Hub over the duration of the pilot (6 September 2021 – end of March 2023). Bidders must set out in their bid how many young adults they can offer support to.
		5. The Supplier/s will work with both young men and young women and must be able to demonstrate a gendered approach in their work.
		6. The Supplier will work predominantly with 18-25 year olds but may also be required to offer support to 17 year olds due to transition from the Youth Offending Service to adult probation.
		7. The Supplier/s will work predominantly with young adults in the community. However, in the case of a young adult accessing the Service being recalled to custody or sentenced to a short-term sentence, the Supplier/s will be required to continue to support the young adult while in custody. This may be in the form of video link meetings or visits where practicable.
		8. The duration of the period of support will vary for each young adult accessing the Service. This will be formulation-based and dependent on assessment of mental health and/or neurodiversity needs, maturity levels as well as their ability to engage.
		9. Substance misuse needs should not be a barrier to accessing the Service. The Supplier/s will work with the Hub’s substance misuse service and probation to sequence interventions, which may include engaging the young adult in therapies prior to substance misuse support.

Key principles of the Service

* + 1. The Supplier/s must demonstrate a high level of cultural humility. Practitioners must understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, colour, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, and mental or physical disability.
		2. The Supplier/s must prioritise building trusting and transparent relationships between practitioners and young adults.
		3. Support should be co-produced with young adults. The Supplier/s should engage young adults in formulating their interventions and in designing the Service’s support offer more broadly.
		4. The Supplier/s must recognize that the terms ‘therapy’ and ‘mental health’ have negative connotations which may act as a barrier to engagement, and therefore should present the Service in a way which avoids using this terminology where appropriate.

Support and treatment

*Caseworkers - informal therapies and support*

* + 1. A key component of the Service model is caseworkers delivering informal therapies to young adults.
		2. Informal therapies are for young adults with low to medium level needs and those who may struggle to engage with more formal therapeutic programmes.
		3. Informal therapies may entail informal chats or engaging young adults in positive activities and are likely to have no fixed structure.
		4. Caseworkers are expected to come from a youth work or community work background. Please see staffing section for more detail.
		5. This innovative approach is based on evidence which suggests young adults, particularly those from minoritized communities, face significant barriers to engaging with traditional formal therapies.
		6. Caseworkers delivering informal therapies must be overseen by one of the Service’s clinical psychologists to ensure appropriate clinical oversight of their work.
		7. Caseworkers should also support young adults to access more formal therapies, whether these are delivered by the Service or a community service. The level of support will differ but may include accompanying young adults to appointments or having informal chats.
		8. Caseworkers who deliver informal therapies may also be required to provide practical support to young adults and support with accessing other Hub services to ensure the young adults’ core needs are met and to build trusting relationships.

*Creative therapies*

* + 1. The Supplier/s is also required to deliver or broker access to accessible creative therapies, such as group or project work, creative workshops, music therapy, art therapy, drama therapy.
		2. Creative therapies should offer an opportunity for long-term engagement with young adults where needed.

*Formal therapy*

* + 1. The Supplier/s will provide formal one-to-one and/or group therapy programmes, delivered by culturally competent clinical psychologists. A formulation of delivery interventions drawn from best practice should be developed, which may include:
* Psychoeducation, breathing, mindfulness;
* DBT, CBT, behavioural activation;
* Acceptance and Commitment Therapy (ACT);
* Eye Movement Desensitisation Reprogramming (EMDR);
* Value-based solution-focused therapy.

*Referrals into community services*

* + 1. As well as delivering formal therapies in-house, the Supplier/s may make referrals into mainstream community services.
		2. Decisions on referrals should be based on need and an assessment of a young adult’s ability to engage with mainstream services.
		3. When referring into mainstream services, the Supplier/s must support the young adult to engage. This could be in the form of a caseworker accompanying the young adult to appointments, liaising with the service on their behalf or informal chats to encourage engagement.

*Psychiatric treatment*

* + 1. The Supplier/s’ team should include a psychiatrist who will work with young adults with more severe mental health needs who require psychiatric assessment or treatment.
		2. The psychiatrist will be required to provide diagnoses and proscriptions where necessary.

Assessment

* + 1. The Supplier/s will be required to assess young adults for mental health needs and neuro-developmental problems to inform treatment approaches. The Supplier/s’ assessment may also take into account maturity.
		2. The Supplier/s will be responsible for providing assessments of mental health needs for housing applications and for the courts to inform sentencing and licence arrangements.

Case formulation

* + 1. Case formulation and management should be managed by the team’s clinical psychologist/s to ensure appropriate oversight of interventions.

Psychologically informed guidance for Hub staff

* + 1. The Supplier/s will provide psychologically informed guidance and consultation to hub staff to promote the development of a psychologically informed case management approach across the hub.
		2. Guidance should be provided informally through multi-agency case management meetings and through more formal consultation sessions.

The lead partner’s roles and responsibilities

* + 1. The lead partner must be either an NHS Trust or an independent mental health provider.
		2. The lead partner is responsible for oversight and in some cases delivery of the various strands of the Service listed under 5.1.
		3. The lead partner must establish and maintain effective links with the local crisis response team and the Accident and Emergency department and have a defined escalation pathway.
		4. The lead partner must have clear and appropriate referral pathways into other services in place and co-ordinate and oversee any referrals made.

The VCS partner/s roles and responsibilities

* + 1. The VCS partner/s’ role is to deliver informal therapies and to support young adults to access formal therapies, delivered by the Supplier or by external services. This role prioritises relatability, trust and meeting young adults where they’re at.

Training for caseworkers

* + 1. The Supplier/s must ensure caseworkers are adequately trained to take a therapeutic psychologically informed approach. All staff members working in the Hub will take part in a training programme, covering areas such as trauma-informed approaches and cultural humility. However, it is anticipated that caseworkers may require additional more in-depth training in areas such as safeguarding, managing risk and recognizing mental health issues.

Offence types and needs

* + 1. The Supplier/s is required to provide mental health and neurodivergence support which meets the needs of:
* Young adults convicted of sexual offences. The supplier/s must provide specific interventions for this group;
* Young adults convicted of arson offences;
* Young adults at risk of domestic abuse or serious group offending;
* Young adults convicted of terrorist offences;
* Young adults with substance misuse needs;
* Those with physical and mental health issues, including those being released from hospital, and including those with a diagnosis or traits of personality disorders;
* Those where there are public protection concerns including MAPPA Level 2 and 3 cases;
* Care Leavers;
* Transgender women;
* Foreign National Offenders;
* Those who are or have been subject to Criminal Behaviour Orders.

NHS England and Improvement’s Violence Reduction Pilot

* + 1. The NHS England and Improvement’s Violence Reduction Programme has invited Integrated Care Systems to pilot a community mental health violence reduction model, which includes a case management model for young people under the age of 25 impacted by violence. The expression of interest proposal went live on the 25th June 2021 and closes on the 3rd September 2021.
		2. Both the NHS England and Improvement’s Violence Reduction Programme pilot model and the Service model share similarities in approach, in particular the emphasis on partnership working between the NHS and VCS organisations and the caseworker model. NHS Trusts who intend to express an interest in the NHS pilot should explain in this bid how they will integrate this Service into the wider ICS pilot. Please note your answer will not affect the success of this bid.
	1. Key attributes
		1. The Supplier/s will deliver and oversee informal therapies to young adults with low to medium mental health needs.
		2. The Supplier/s will deliver creative therapies, such as group work, art therapy or music therapy. This may include one-to-one and/or group work.
		3. The Supplier/s will deliver formal therapy to young adults on a one-to-one or group work basis.
		4. The Supplier/s will make referrals into mainstream mental health or neurodevelopmental services and provide appropriate support to increase engagement with these.
		5. The Supplier/s will provide psychiatric assessment and treatment.
		6. The Supplier/s will assess young adults referred to the Service for mental health needs and neurodevelopmental problems.
		7. The Supplier/s will provide training to caseworkers to ensure they are able to take a psychologically informed approach to their work.
		8. The Supplier/s will provide psychologically informed consultation to hub staff.
	2. High-level delivery model

5.3.1 The suggested delivery model is as follows:

Probation use screening tool to screen for mental health needs

Referral made by probation to the Service

The Supplier/s collects and considers information relating to the young adult’s needs and decides on the most appropriate support route or treatment

The Supplier/s contacts the young adult within 5 working days of referral

The Supplier/s meets the young adult for an initial discussion about the support. This may act as an assessment/screening, although this could also take place at a later date

Delivery of informal therapies, creative therapies, formal therapies and psychiatric treatment OR referral into community services with support from the service

Regular case management meetings and oversight by psychologist in the case of interventions delivered or supported by a caseworker

Sharing of case notes with probation officer and other hub staff where relevant and attendance at multi-agency case management meetings

The Supplier/s provides psychologically informed guidance and consultation to hub staff

* 1. Service eligibility
		1. Any service user accessing the Transitions to Adulthood hub with a diagnosed or suspected mental health or neurodivergence need is eligible for this Service.
		2. The eligibility criteria for the Transitions to Adulthood Hub is:
* Young adult males and females aged 18-25 years old serving a community sentence or on licence in Newham for any offence type;
* 17 year old males and females due to transition from the Youth Offending Service to adult probation in Newham.
	1. Operating times
		1. Generally the service will operate within the probation office opening hours:

Monday 9am–5pm

Tuesday 9am–5pm

Wednesday 9am–7pm

Thursday 9am–7pm

Friday 9am–5pm

* + 1. The above opening times may change and/or require flexibility by the Supplier/s to meet the needs of individual service users.
	1. Delivery locations
		1. The Supplier will be based predominantly in the Transitions to Adulthood Hub but will be required to meet service users, particularly female service users or those who are unable to report into the Hub, at other locations across the local authority. The Supplier may also be required to deliver services remotely, depending on service user needs.
		2. The Transitions to Adulthood Hub is located within Newham probation office:

138 Romford Rd

London

E15 4LD

* + 1. In the case of a young adult being recalled to custody or sentenced to a further short-term sentence, the Supplier/s is required to continue providing support to the young adult while in custody. This may be carried out by video link or in-person visits to prisons within the Greater London area.
1. Minimum Service Levels
	1. General
		1. The Supplier will maintain a complete and correct set of records pertaining to all activities relating to the performance of the Services and the Recipient’s obligations under the Contract.
		2. The Supplier will maintain all records in line with Data Protection laws and regulations, including using only approved IT systems to store and record personal and sensitive information, including on health conditions, protected characteristics and previous convictions.
		3. The Supplier is required to submit invoice and monitoring returns on a quarterly basis in accordance with the deadlines and procedure set out in the Contract.
	2. Referral and assessment
		1. Service users will be referred to the service by their Probation officer. The Supplier is required to make contact with young adults within five working days to provide more information about the Service.
	3. Governance and management of the service
		1. The lead partner must be an NHS Trust or independent mental health provider. Formal service agreements must be in place between partners to ensure quality standards.
		2. The Supplier/s is required to identify a contract manager for this service.
		3. Partners must be able to demonstrate agreed shared values, principles and behaviours that will underpin their collaboration.
		4. The Supplier/s must be able to demonstrate a coherent approach to sharing and managing caseloads, knowledge and skills, and risk, while recognising that any partners involved in delivery will have different approaches to these elements that are often key to enabling their unique value-added work.

MOPAC governance of the Service

* + 1. MOPAC and the Transitions Operational Group will be responsible for monitoring the progress of the service to ensure effective delivery and value for money. At an operational level, the service will directly report to MOPAC.
		2. The membership of the Transitions Operational Group includes: MOPAC (chair), MoJ, the Probation Service and LB Newham.
		3. This Group will provide updates to the Transitions Programme Board, chaired by the Director of Commissioning and Partnerships at MOPAC and the Director of Youth Justice and Offender Policy at MoJ.
		4. The project reports into MOPAC’s Reducing Reoffending Board which is part of the multi-agency governance structure that oversees delivery of the Police and Crime Plan.
1. Delivering the Service
	1. Service user involvement
		1. The Supplier/s is required to conduct service user feedback surveys every six months to seek young adults’ views on the Service in order to contribute to continuous improvements to service delivery. The findings of these should be shared with MOPAC alongside any proposals for improvements.
	2. Complaints
		1. The Supplier/s is required to have a defined process for dealing with and resolving complaints. Formal complaints about the Service should be reported to MOPAC within five working days of receipt.
	3. Staffing
		1. The Supplier/s’ team must consist of caseworkers; clinical psychologist/s and a psychiatrist.  The staffing model may also include assistant psychologist/s.
		2. Relatability and shared experiences are particularly important for this group in relation to mental health services and so the Supplier/s should endeavor to provide a diverse and relatable team which is representative of the group of young adults accessing the Service.
		3. Caseworkers must be relatable and have significant experience in youth work and/or community work settings and in particular working with young people in contact with the criminal justice system. They must possess a strong understanding of the context in which offending occurs. Knowledge of the local area and lived experience is desirable. It is anticipated that caseworkers will come from the VCS.
		4. The psychologist/s will be responsible for overseeing delivery of caseworkers’ interventions; delivering formal and creative therapies; managing referrals into community services and offering psychologically informed guidance and consultation to hub staff. Psychologist/s must demonstrate a high level of cultural humility.
		5. Analysis of need suggests a psychiatrist would be required on a part-time basis.
		6. Providers bidding for this service must be able to demonstrate experience of working with clients with identified criminal convictions. This is due to the additional risks involved with working with this client group, and to ensure a firm understanding of how complex needs can be impacted by contact with the criminal justice system.
		7. The Supplier shall ensure that all staff delivering the Services should have the following general skills:
		8. The ability to:
* listen and communicate effectively;
* motivate and promote young adults’ belief in their ability to change;
* work with young adults with varying complexity of needs and to understand the specific needs of young adults;
* work with young adults from diverse backgrounds;
* be alert and responsive to behaviour, information or other changes which could indicate a change in Risk of Serious Harm; and
* respond appropriately to challenging behaviour in order to de-escalate tension, enable a Service User to manage strong feelings and to ensure their own safety and that of others.
	+ 1. Recording/information-sharing - the ability to:
* Use digital technology with Service Users.
* Share with probation via the approved system.
	+ 1. Comply with policies/procedures - the ability to:
* Understand and follow policies and procedures appropriate both to the Supplier and to the probation sector generally.
	+ 1. Staff are required to have recent DBS checks.
		2. Staff will be required to undergo a programme of training provided to all staff working in the Transitions to Adulthood Hub, covering aspects such as young adulthood development and maturity, trauma-informed practice and cultural competency.
	1. Legislative parameters
		1. The Provider(s) and all staff members, paid or unpaid, shall be expected to work according to relevant National and local policies (including any amendments arising during the course of the contract), including but not limited to:
* Victims Code of Practice 2015
* Witness Charter 2013
* Domestic Violence, Crime and Victims Act 2004
* Human Rights Act 1998
* Data Protection Act 2018
* Race Relations (Amendment) Act 2000
* Equality Act 2010
	1. Information security
		1. The Provider(s) must ensure that the Service complies with the requirements of (i) the Data Protection Act 2018; UK GDPR; and (iii) any other applicable privacy and data protection legislation.
		2. “UK GDPR” means Regulation (EU) 2016/679 (General Data Protection Regulation), as it forms part of the law of England and Wales, Scotland and Northern Ireland by virtue of section 3 of the European Union (Withdrawal) Act 2018, (including as further amended or modified by the laws of the United Kingdom or of a part of the United Kingdom from time to time)
		3. Detailed provisions on the Provider(s) obligations in relation to data protection are set out in the contract at Annex 2.
		4. An Information Sharing Agreement will be put in place to enable data sharing between the Supplier and probation.
1. Reporting
	1. Management Information
		1. The Supplier/s is required to produce quarterly data reports for all funded activities detailed in the contract in a consistent format specified by MOPAC; the format, data provided and timing may be subject to change. However, any changes must be agreed and confirmed by MOPAC by email before the submission of the next report.
		2. MOPAC will conduct regular monitoring meetings with the Supplier/s to review progress against agreed outputs and outcomes in line with the requirements of the commissioned activities.
		3. The Supplier/s must therefore ensure that there is a suitable case management system and processes in place, including with any partner organisations involved in delivery, in order to provide the output and outcome information identified.
		4. An external evaluator will be commissioned to undertake a full evaluation of the pilot, including all commissioned services. The Supplier/s is required to provide reporting to the evaluator as well as to MOPAC.
		5. Aggregate data will be collected from all commissioned services to support this. The information required from the Supplier/s includes:
	* Number of referrals received
	* Number of initial meetings with service users conducted
	* Number of assessments completed
	* Number of informal therapies delivered and length of interventions
	* Number of creative therapies delivered and length of interventions
	* Number of formal therapies delivered and length of interventions
	* Number of referrals into community services
	* Record of meetings and appointments, as well as attendance
	* Number of drop-outs and reasons for disengagement
	* Measure in change of young adults’ mental health and wellbeing (before/after intervention)
		1. All data should be recorded alongside equalities information where this is known to allow for monitoring of disproportionality in the process.
	1. Information sharing
		1. The service provider will need to ensure that appropriate data sharing agreements are in place with probation.
		2. A DPIA is required with MOPAC and will be developed following the selection of a provider.
	2. Key Performance Indicators (KPIs)

| **KPI Description** | **Measurement** | **Frequency** | **Target** |
| --- | --- | --- | --- |
| Improve response times relating to all referrals | Percentage of service users contacted within 5 days of referral | Quarterlyfrom the first quarter | 100% |
| Improved mental wellbeing of service users | * Percentage of young adults who report improved mental wellbeing (measured pre- and post-intervention)
 | Quarterlyfrom the first quarter | * 80%
 |
| Young adults with neurodevelopmental needs feel supported to manage their neurodivergence | * Percentage of young adults with neurodiversity needs who report feeling better able to manage their neurodivergence
 | Quarterlyfrom the first quarter | * 80%
 |
| Increase young adults’ access to therapeutic and psychological support  | * Percentage of service users referred to the Service
 | Quarterlyfrom the first quarter | * No target set for first quarter. A baseline will be established during Q1, with a view of setting a target for Q2 onwards.
 |
| Increase young adults’ engagement with therapeutic and psychological support  | Percentage of ‘do not attend’ rate for first appointments and subsequent appointments | Quarterly from the first quarter | * No target set for first quarter. A baseline will be established during Q1, with a view of setting a target for Q2 onwards.
 |
| Young adults who access informal therapies report improved wellbeing  | * Percentage of young adults receiving informal therapies who report improved wellbeing
* Percentage of young adults receiving informal therapies who report improved mental health
 | Quarterlyfrom the first quarter | * 80%
 |
| Young adults who access creative therapies report improved wellbeing  | * Percentage of young adults receiving creative therapies who report improved wellbeing
* Percentage of young adults receiving creative therapies who report improved mental health
 | Quarterlyfrom the first quarter | * 80%
 |
| Young adults who access formal therapy report improvements to mental health | * Percentage of young adults receiving formal therapy who report improved mental health
 | Quarterlyfrom the first quarter | * 80%
 |
| Staff feel better equipped to recognise needs and work with young adults with mental heal problems | * Percentage of staff who feel better able to recognise mental health and neurodiversity needs
* Percentage of staff who feel better able to work with young adults with mental health problems
 | Quarterlyfrom the first quarter | * 90%
 |

1. Partnership Working
	1. The Transitions to Adulthood hub is a multi-agency wrap-around service, therefore there will be a significant requirement for partnership working. The Supplier is expected to work in partnership with Probation and other hub services, to attend multi-agency hub case management meetings to advise and update on cases and to provide psychologically informed case consultation. This will involve accepting referrals from Probation and sharing relevant information.
	2. The Supplier/s will also be required to work in partnership with other hub services, such as substance misuse or accommodation support. This may be in the form of co-ordinating interventions, providing guidance to other services in taking a psychologically informed approach to their work with young adults or delivering low-level support under the supervision of other services. The Supplier/s will also be responsible for providing mental health assessments to support housing applications and to courts to inform sentencing and licence arrangements.
	3. Since delivery of interventions must continue in cases of recall or short-term custodial sentences, the Supplier/s is required to maintain strong working relationships with prisons.
	4. There may be some partnership working with CAMHS in the case of 17 year olds transitioning to the hub.

1. Mobilisation
	1. The Supplier is required to mobilise the service to go live at the start of January 2022. This will include attending an initial mobilisation meeting after contract award in September 2021.
2. Appendices

Annex 1 – pilot logic model

Annex 2 – draft terms and conditions

Annex 3 – ethnicity and religion data