


Kent Emotional Wellbeing Strategy for Children,
Young People and Young Adults (0-25 years)
(CAMHS)

Health Overview and Scrutiny Committee

A blue ribbon graphic with a white border, containing the date.

4th September 2015

A large decorative graphic on the left side of the page, composed of overlapping curved shapes in various shades of blue and purple.

Patient focused,
providing quality,
improving outcomes

Kent Emotional Wellbeing Strategy for Children, Young People and Young Adults (0-25 years)

Summary

This paper provides a progress report on the development of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent.

Historically, children and young people's services have been fragmented, disjointed and confusing to navigate with services working in silos. This has often resulted in the child or young person having to 'start over' with each new service they come into contact with and a 'revolving door' culture in which the health and wellbeing needs of the child or young person are not being adequately met.

The new Model, which draws together all the current service provisions throughout Local Authority and Healthcare, outlines a whole system approach to emotional wellbeing and mental health in which there is a Single Point of Access, clear seamless pathways to support ranging from Universal 'Early Help' through to Highly Specialist care with better transition between services. Work is already taking place to implement the associated Delivery Plan; short term actions are in progress and longer term work on future commissioning plans has started.

Work is continuing with partners to look at how existing resources can be aligned to support this work. Following the final agreement of the Service Model, the contract procurement process will commence in autumn 2015.

Recommendation

Members of the Kent Health Overview Scrutiny Committee are asked to note the contents of this report.

Due to legal obligations relating to the extension of the current contract, a procurement process is necessary in order to identify a new provider.

1.0 Introduction and Background:

1.1 In January 2014, Kent HOSC raised concerns regarding the performance of child and adolescent mental health services across Kent. This prompted a review of the services which found disparity between how schools support CYP and staff approach to building resilience, numerous contact points and disjointed services, too much focus on Tiers of service rather than the needs of the CYP, lengthy waiting times from assessment to treatment, high numbers of cases not meeting the referral threshold and inconsistent support to young people around transition. A whole system agreement was reached that a new approach to children's mental health in Kent was urgently needed.

- 1.2 This issue is clearly of national concern. A national task group set up by Norman Lamb, the then Minister for Care and Support, reported similar concerns to those in Kent. This important work stream for Kent strategically fits with work across the country in improving children's emotional wellbeing provision. It strategically aligns with the NHS 5 year forward View, the 49 recommendations of Future in Mind, the mental crisis care concordat and KCC transformation programme for 0-25 years old.
- 1.3 Emotional wellbeing underpins a range of positive outcomes for children and young people and is a key multi-agency agenda. Nationally and locally, demand is rising for specialist mental health services: 3 children in every class have a diagnosable mental health condition (10%) and there is recognition of the need for a whole-system approach to promote wellbeing, identify need appropriately, and intervene earlier.
- 1.4 Over the last year a huge amount of work and negotiation has taken place to transform children's emotional wellbeing services in Kent. The emotional and wellbeing strategy has been developed and consulted on widely with children, young people and families.
- 1.5 In light of the complexity of the challenge agreement was reached across the system to extend two major children and young people's contracts to allow the time for organisations to develop a major transformation programme for children's and young peoples emotional wellbeing services across Kent.
- 1.6 This work has been developed through a range of partnership structures and governance arrangements to ensure whole system commitment and agreement. This has included regular reporting to both the Childrens and Kent Health and Wellbeing Board, bespoke strategic summit events, Clinical Commissioning Group governance structures and KCC 0-25 Portfolio Board.

This report summarises the:

- Final version of the Strategic Framework
- A multi-agency Delivery Plan
- The Model
- The Procurement Process
- Financial and Activity Mapping

2.0 What's Different in the New Model?

- A Single Point of Access (SPA) to ensure swifter referral and appropriate sign posting
- Anti-stigma campaign associated with poor mental health
- Whole school approach to improving CYP resilience
- Upskilling children's workforce
- Support to families through universal and accessible services
- Making the most of technology
- Focussed on the needs of the child and young person
- A whole system approach to reduce transfer between services
- Partnership working between Heath and LA for efficient use of resources
- Improved Specialist support for long term mental health problems and during crisis
- Smooth transition between children's and adult mental health services for the 14-25's

3.0 Overview of Activity

3.1 Development of the Emotional Wellbeing Strategy and supporting Delivery Plan

(presented to the committee on 5 June 2015) has been driven by a real desire to engage with and listen to the views of children, young people, families and professionals of all backgrounds. In total, around 650 contributions have been received since June 2014 via a range of online surveys, workshops, and engagement events. The amount of interest and quality of responses given by such a wide cross-section of the local population and workforce underline the importance of this agenda, both at a strategic level and in the everyday experience of families in Kent.

3.2 The aim of such extensive engagement was to piece together a variety of perspectives in order to understand how best to design a 'whole system' approach: one not only focussed on the quality of commissioned services (crucial though these are), but also on strengthening partnership working at every stage, improving the visibility and accessibility of support, and underlining the role of all partners to promote and protect emotional wellbeing.

3.3 In addition to engagement activity, the content of both the Strategy and Delivery Plan has been directed by the findings of a refreshed Emotional Wellbeing Needs Assessment, and from a range of national and local reviews and best practice guidelines.

3.4 A draft Service Specification has been written and circulated to all CCG commissioners and Clinical Leads and KCC colleagues and the feedback is currently being collated and incorporated into the document and will be finalised by September 2015 ready for the initiation of the procurement process.

3.5 This issue is everybody's business. Families, schools and universal services play the key role in promoting children's emotional wellbeing. In addition to universal provision KCC commissions and manages contracts that deliver a range of services in relation to emotional wellbeing and is responsible for 2 key contracts relating to emotional wellbeing - the Young Healthy Minds Service and the Children in Care element of the CAMHS contract. The NHS Clinical Commissioning Groups are responsible for commissioning targeted Child and Adolescent Mental Health service. The specialist services are commissioned by NHS England.

4.0 Strategic Framework

4.1 The Strategy was developed following initial surveys and facilitated discussion groups with children, young people and families and from service providers.

4.2 The draft Strategy has been shared widely and a 12-week period of engagement ran from 20 October 2014 to 5 January 2015 through the following channels:

- **Online consultation survey**, hosted on kent.gov.uk and CCG platforms, with links through the Live it Well website and KELSI. The survey was further promoted through the Schools e-Bulletin, GP bulletins, Members' bulletins, District Council and Voluntary and Community Sector (VCS) networks, Health Watch Kent and Kent Public Health Observatory.
- **Presentation of the draft Strategy and engagement discussions** held at a wide range of strategic and local multi-agency forums, including Kent Health and Wellbeing Board, Health and Social Care Cabinet Committee, Clinical Commissioning Groups, Mental Health Action Group Chairs, local Health and Wellbeing Boards, patient involvement forums, and Children's Operational Groups.

4.3 In addition to the discussions held, a range of individuals and organisations responded to the engagement. Overall findings indicated:

- 100% of respondents identified parents and carers as the primary group needing additional information and support around emotional wellbeing issues.
- Schools were identified as the second key group needing additional information and support around responding to emotional wellbeing.
- The structure of the strategy is around four themes; Early Help, Access, Whole Family Approaches, Recovery and Transition, however importantly the underpinning action to promote emotional wellbeing at every opportunity was unanimously welcomed.

4.4 Following the engagement, a number of amendments have been made to the original Strategy to incorporate feedback received (including the addition of content relating to children affected by Child Sexual Exploitation and to target health inequalities). (Please refer to the Strategy document provided to the committee on 5 June 2015).

5.0 Development and Engagement Activity for The Delivery Plan

5.1 In addition to the online survey, a number of engagement events were held during November and December 2014 to inform development of the supporting Delivery Plan. These included:

- Practitioner workshops,
- Further engagement with young people, including the development of a second film sharing young people's views about the most valuable methods of delivering support.
- A second Emotional Wellbeing Summit (18 December 2014). A number of KCC members attended the summit events.

5.2 The draft Delivery Plan summarises findings from the Kent Emotional Wellbeing Needs Assessment, engagement activity, and best practice reviews and outlines a series of recommended actions that together will lay the foundation for a whole-system approach to emotional wellbeing.

5.3 The recommended actions will be achieved through a combination of improved partnership working, particularly in relation to much more and more effective

communication, training for universal services staff, and also access to consultation with specialist professionals, as well as key procurement activity.

5.4 This means that some of the actions can be implemented in the short-term, which began in March 2015, while others will need to be included within procurement exercises for new services beginning in October 2016 (when existing contracts with providers will expire). Suggested timescales are included within the Delivery Plan, alongside recommended lead agencies.

5.5 This is clearly a multi-agency action plan; founded on the vision agreed by key strategic stakeholders and partners at the Emotional Wellbeing Summit in July 2014 that emotional wellbeing is 'everybody's business'. The recommended actions will therefore only be achievable with involvement and commitment from a wider range of partners than before – for example, in supporting relevant workforce development or embedding it within planned programmes of training.

5.6 Work is therefore continuing with partners to identify how existing resources can be realigned to support the 'whole system' approach, recognising that this is intrinsically connected to the success of specialist commissioned services in meeting need. The emotional wellbeing and mental health needs of children in care will be considered as part of this work. A technical group has been drawn together to lead on this element, led by the Clinical Commissioning Groups (CCGs).

6.0 The Model

6.1 The detail required to deliver the model will be contained within the national specification guidance and the service specification will inform the future contracts and the contractual framework required. A contract technical group has been established which has developed the Service Model in partnership with commissioners and clinicians (see Appendix 1).

6.2 Key points of the model include the following:

- Promoting emotional wellbeing – how to embed this in all the work that we do this will include a multi-agency communications strategy.
- A single point of access/triage pathway model across emotional wellbeing early intervention and mental health services.

- Enabling children and young people to receive timely access to support; development of drop-ins or safe spaces in schools.
- Increased availability of consultation from specialist services.
- A 'whole family' protocol, defining how parents and carers will be involved and identifying and responding to the wider needs of the family within assessments of the child's emotional wellbeing.
- Effective implementation of multi-agency tools and protocols to identify children and young people who have been affected by Child Sexual Exploitation (CSE), and rapid access to specialist post-abuse support.
- Emphasis in the model for continued improvement of performance to agreed contract requirements across the system
- Smoother transition between services, particularly from children's to Adult's mental health services and additional support for those aged 14-25 and leaving care.

7.0 Procurement Process and Contracting

7.1 The service will be procured by NHS West Kent CCG acting as a lead commissioner on behalf of other CCGs across Kent and Medway and Kent County Council. The structure of this arrangement will be defined using the standard model NHS collaborative commissioning agreement.

7.2 As this is a healthcare service commissioned by the NHS it will be procured in accordance with the relevant statutory regulations – the Procurement Patient Choice and Competition Regulations 2013. These place extensive obligations on the commissioner to act in a transparent and proportionate way, to treat providers equally and in non-discriminatory way, and to procure the service from providers that are most capable and best value, while ensuring proper management of conflicts of interest.

7.3 The procurement aspects of the commissioning project will be led by NHS Commercial Solutions, the procurement partner of NHS South East Commissioning Support Unit (SECSU) which supports NHS West Kent CCG.

- 7.4 The service will be contracted using the standard NHS healthcare services contract. In accordance with NHS recommended practice, the contract will have an initial term of 3 years and an optional extension of 2 years. The contract management for the service will be based on the provisions of the standard NHS contract, supported by the pricing model and key performance indicators defined in the service specification referred to above.
- 7.5 Initial assessment of the provider market indicates there is already an established wide pool of potential providers for the service. Accordingly, there is no requirement to conduct market development activity prior to the formal procurement process.
- 7.6 The procurement approach will be structured to mirror the provisions of a fully-regulated procurement procedure, taking account of the requirement to execute an assured and robust process within a challenging timetable. Subject to detailed planning (currently in progress) the approach will use either (a) the restricted procedure (a two-stage approach comprising an initial shortlisting stage (pre-qualification) and a tender stage) or the competitive dialogue procedure (a three-stage approach comprising an initial shortlisting stage (pre-qualification), a dialogue stage, and a final tender stage).
- 7.7 The procurement will be executed within the overall governance structure of the collaborative commissioning programme, resourced by a multi-disciplinary team combining subject matter experts for commissioning, clinical quality and patient safety, financial management, patient experience, workforce, information governance systems and technology, and other resources as appropriate. The team will include representatives of patient groups.
- 7.8 When the project team has completed the evaluation stage and its recommendation of preferred bidder have been approved, it will initiate two parallel streams of work to
- (a) conclude the contract with the preferred bidder, and
 - (b) work with the preferred bidder on mobilisation and transition to the new service.

8.0 Financial Envelope:

- 8.1 The current dedicated financial envelope to deliver the new model is over £22m. This includes over £16m Health and Local Authority funding for the specialist services for children with significant mental health problems including those who are in Local Authority care and those who have been victims of child sexual exploitation.

8.2 In addition, there will be over £5m invested in support services which intervene earlier, through provision which provides additional support to children, young people and their families.

8.3 There will also be enhanced support, information and guidance offered to those services which work universally with children's - for example children's centres, health visiting, schools and services for adolescents. This will be delivered through information about technology available, workforce development including training and regular information provided to services.

8.4 Kent is part of a national bid for Big lottery funding for the Headstart programme. This programme of work is already investing in research and pilot programmes both in Kent and nationally. This will see new resource for Kent for supporting schools in promoting resilience and wellbeing, in reducing the stigma attached to ill mental health and providing guidance in how the curriculum can incorporate teaching about good mental health.

9.0 Next steps:

9.1 During Autumn 2015, the following activity will take place:

- Continued implementation of short-term improvement actions identified in Delivery Plan
- Continued scoping of the interdependencies of current pathway developments e.g. neuro development, learning disabilities, Early help, health visiting, eating disorders pathways.
- Finalise the new NHS Child and Adolescent Mental Health specification, including the Child in Care element of the contract and the early intervention contract and agreeing contract procurement frameworks.
- Present the Model and Specification to each CCG for approval.
- Seek KCC and CCG governance approval for the proposed model and financial envelope (see Appendix 2) to deliver the new service.
- Technical group to complete activity, capacity mapping and recommend resource allocation.

- Consider consultation route for new procurement and contract framework
- Market engagement to inform development and costing of the model

9.2 It is anticipated that formal procurement processes will begin in the autumn 2015, subject to approval of specifications.

10.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

11.0 Appendices

Appendix 1 Service Model

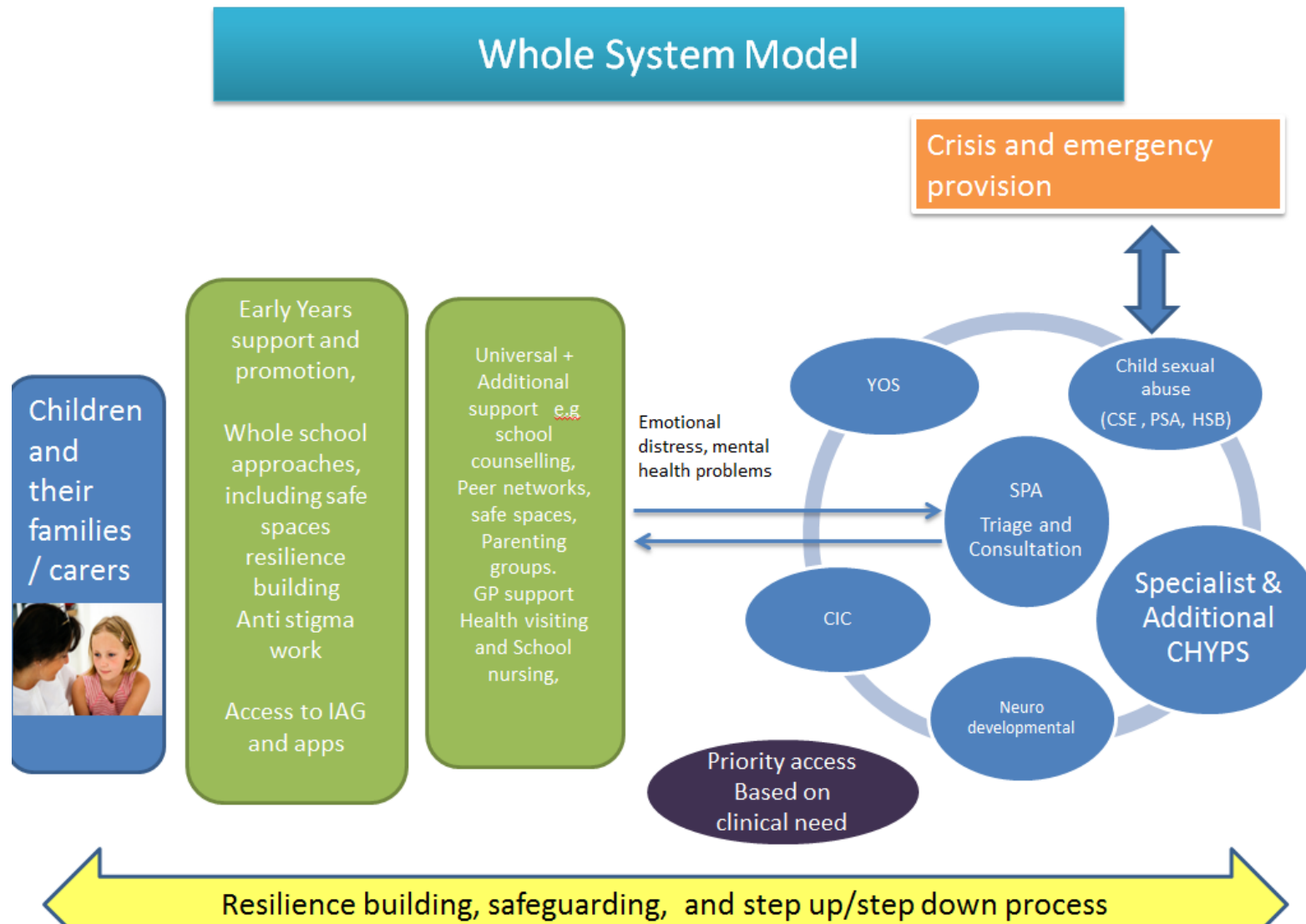
Appendix 2 Needs Assessment

Contact: Dave Holman
Head of Mental Health programme area
NHS West Kent CCG
Dave.holman@nhs.net
Ian Ayres
Accountable Officer NHS West Kent CCG
I.ayres@nhs.net

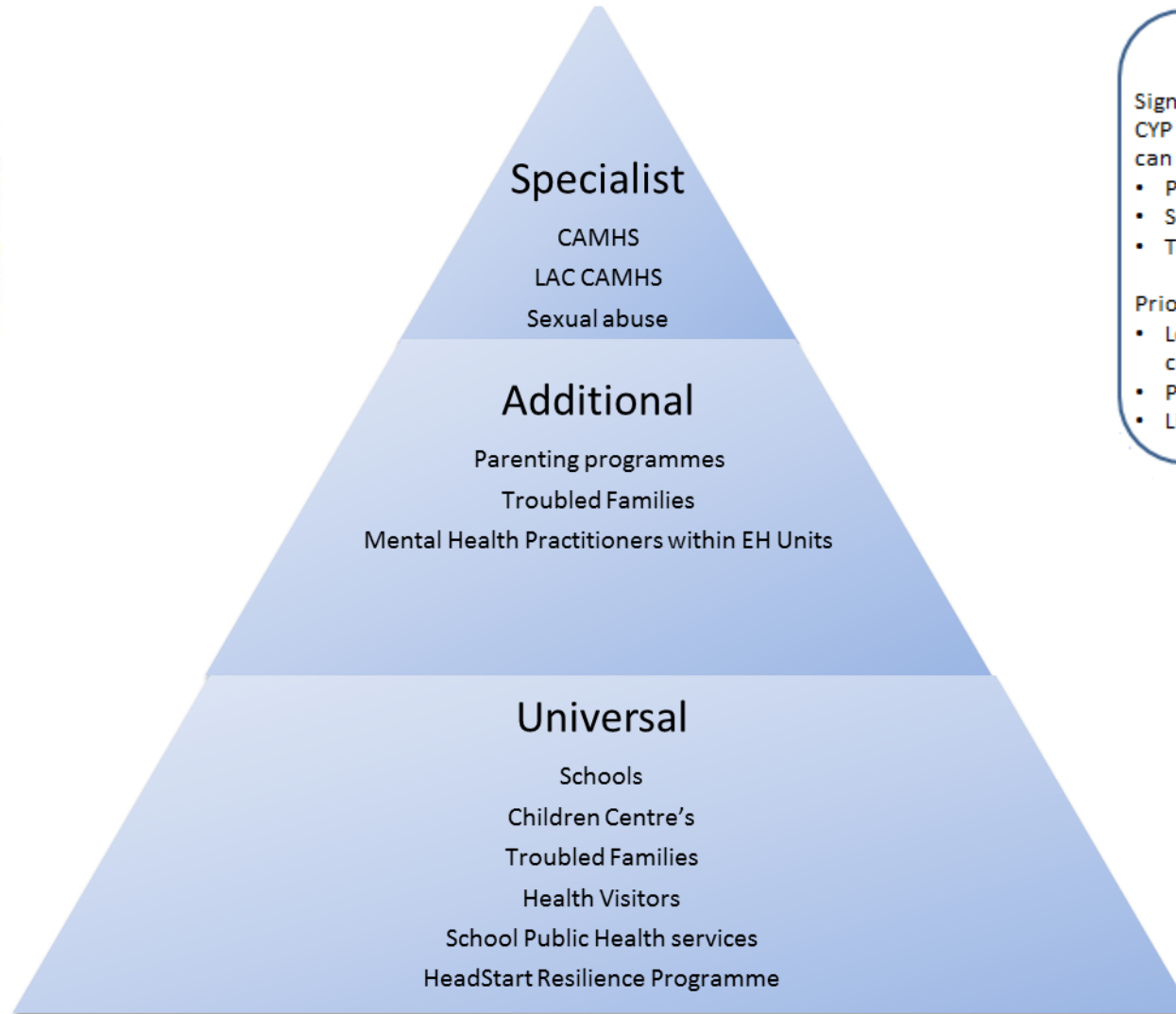
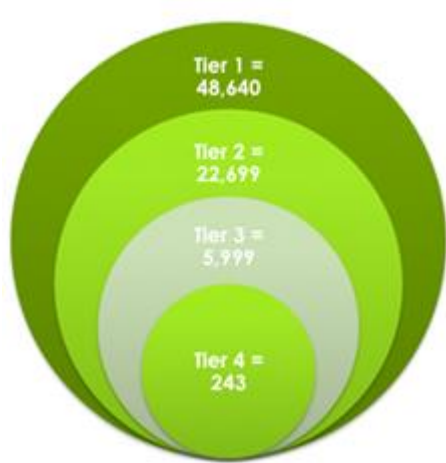
Author: Dave Holman
Head of Mental Health programme area
NHS West Kent CCG
Dave.holman@nhs.net
Karen Sharp
Head of Public Health Commissioning
Kent County Council
Karen.Sharp@kent.gov.uk

Approved: Ian Ayres
Accountable Officer NHS West Kent CCG
I.ayres@nhs.net

APPENDIX 1 – The Service Model



APPENDIX 2 – Needs Assessment



Child Sexual Exploitation JSNA

Significant behaviours identified by CYP who are being sexually exploited can include:

- Poor mental health
- Self-harm
- Thoughts of suicide

Prior to abuse CYP can exhibit

- Low self-esteem and lack of confidence.
- Poor mental health
- Living in a chaotic household