


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

**Health Overview and Scrutiny  
Committee**

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9 October 2015

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Patient focused,  
providing  
quality,

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

### **Summary**

This paper provides a further progress report on the development of the Emotional Wellbeing and Mental Health Service for Children, Young People and Young Adults in Kent and provides draft copies of the service model and specifications as requested by the committee at the last meeting on 4 September 2015.

Kent County Council and the Kent Clinical Commissioning Groups have been working together for the last 18 months to increase universal provision to deliver a new whole system of support that extends beyond the traditional reach of commissioned services.

The new model, which has been developed alongside the principles and approaches articulated within Future in Mind, 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.

Following the final agreement of the service model and accompanying specifications, the contract procurement process will commence in autumn 2015.

### **Recommendation**

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

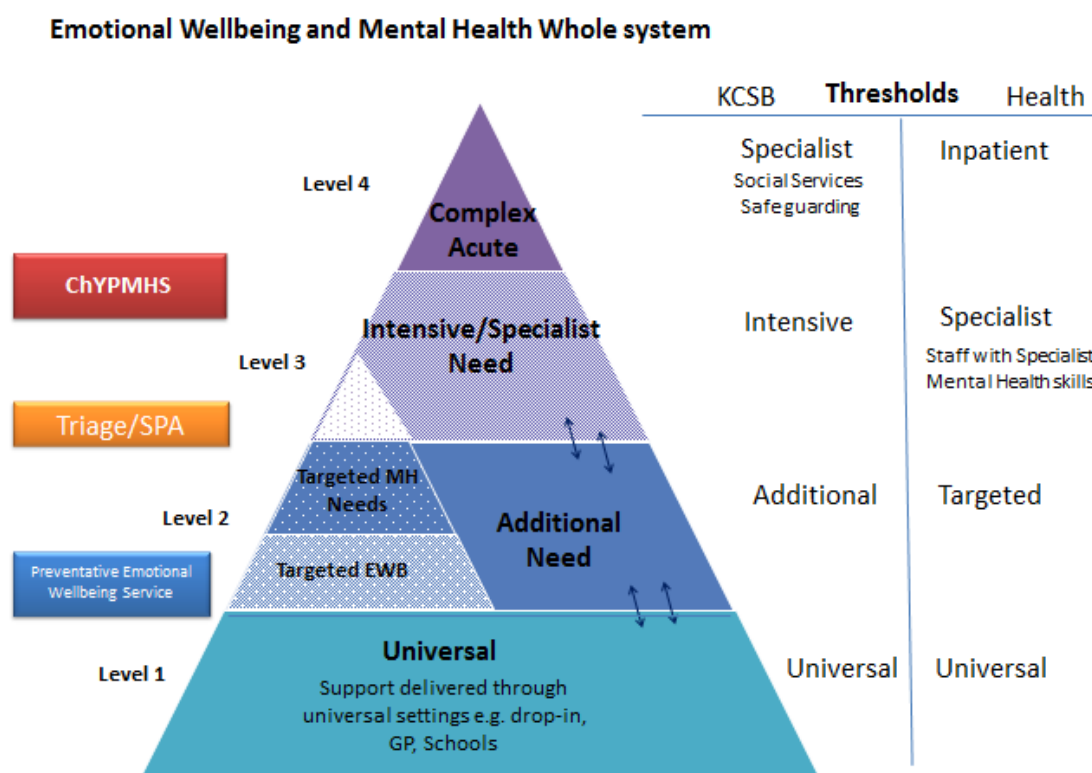
Due to legal obligations relating to the extension of the current contract, a procurement process is necessary in order to identify a new provider.

**Members are reminded of their statutory duty to declare any conflict and have it properly resolved.**

## **1.0 The Service Model**

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

1.2 Figure 1 demonstrates how the whole system will work together:



**Figure 1: the whole system model**

1.3 Table 1 outlines the differences in service provision between the current model and the new model which fundamentally improves navigation of the totality of support services available to children and young people and allows commissioners to better hold the provider to account:

How things are now	The new model
Decision about resource allocation made in silos.	Understanding of the totalling of resource and how it aligns across the system.
Lack of CYP's voice in current service design, inconsistent approach within services.	Ensure CYP and their families are involved in the design and commissioning of services especially technology.
Lack of family approach	Think Family
Tiered approach to commissioning is not supporting children adequately	Focus on children wherever they are in the system
Services do not consider sufficiently family dynamics.	Responding to family dynamics with support.

Thresholds unclear and inappropriate referrals.	Multi-agency decisions about resource allocation. Information sharing protocols in place.
Inappropriate referrals and long waiting lists.	Single point of access. Referrals directed to right provision sooner through integrated model.
Rising demand for self-harm not met.	Focus on self-harm
Not enough capacity in system - EHWP belongs to one service.	Delivery and support through universal hubs with a focus on schools.
Insufficient strategic links between other critical pathways and transition protocols.	Clear relationship for LD and neurodevelopmental pathway.
CAMH service used as a "catch all".	Smooth transition to adult mental health for CYP 14-25 who require long term support.
Does not build capacity or support others to develop their understanding sufficiently. Lack of sufficient and flexible provision for emotional wellbeing.	Consistent approach to promote good emotional wellbeing and resilience including upskilling workforce.
Lack of clarity about eligibility.	Deliver a consistent service reducing transfer between services ensuring CYP have named worker for continuity of care.
Lack of clarity in relation to LD and neurodevelopmental pathways.	Clear pathways for assessment and treatment of CYP with neurodevelopment difficulties.
Insufficient evidence around outcomes being achieved. Inconsistent performance monitoring methods for different services.	Kent wide outcomes based framework and dataset to enable effective monitoring across the system. Systematic contract monitoring to ensure model remains aligned.
No clear model for reporting performance data that is child related.	Child related performance data informing model of adult services.

**Table 1: The differences between the current and new models**

1.4 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, and delivery and support through universal hubs with a focus on schools.

- A clear focus on the child wherever they are in the system, 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, upskilling of workforce and a named worker for every child and young person.
- A 'whole family' approach, responding to family dynamics, 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 as well as the continued design and commissioning of services, especially technology.
- 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 as well as a focus on reducing self-harm.
- An understanding of the totalling of resource and how it aligns across the system, multi-agency decisions about resource allocation, information sharing protocols and an emphasis on 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. Clear links to critical pathways such as LD and appropriate assessment and treatment for neurodevelopmental disorders.

## **2.0 Service Specifications**

2.1 Two separate specifications have been developed to meet the diverse needs of the Emotional Health and Wellbeing Model.

2.2 The first specification sets out the provision of the universal provision, which promotes positive emotional wellbeing and provides a lower level service in universal settings such as schools. The goal of this service is to ensure that children and young people and their families are supported at the earliest opportunity, to prevent their needs escalating and requiring the intervention of specialist mental health services (see Appendix 2).

2.3 The purpose of the second specification is to specify the provision of mental health services at the additional and specialist level of Children and Young People Mental Health Services (ChYPS), previously referred to as Tier 2 and Tier 3 of Child and Adolescent Mental Health Services (CAMHS) (see Appendix 3).

### **3 Procurement Process and Contracting**

3.1 A Contract Procurement Board has been established, co-chaired by Andrew Ireland (KCC) and Ian Ayres (WK CCG), and will meet for the first time on 9 November 2015.

3.2 Two procurement plans have been developed utilising the expertise of the Commissioning Support Unit:

- i) an abbreviated competitive dialog procedure (own dialog stage only)
- ii) a normal restricted procedure (conventional Pre-Qualification Questionnaire (PQQ) and Invitation To Tender (ITT))

3.3 The procurement process is set to begin at the end of September 2015 and will be completed at the end of August 2016. The following key points have been taken into account in the development of these plans:

- three week allowance to establish the commissioning programme which will enable the procurement work to be conducted
- allowance for scheduling over the Christmas period
- four week allowance for the governance process to enable award of contract to the preferred bidder (PB)
- three months for mobilisation – starting as soon as the PB decision is announced (so running in parallel with standstill and contract completion).

3.4 The service specification should be finalised by the time bidders are asked to develop their solution against it (being 16 December 2015). However, for the dialog procedure, we could extend that until the date the Invitation to Submit Final Tender (ITSFT) is published 4 March 2016 – BUT ONLY IF (a) we publish a draft specification with the Invitation to Submit Outline Solution (ITSOS) on 16 December AND (B) we don't exclude any bidders in the outline solution stage on the basis of their outline solution.

#### **4.0 Next steps:**

- Refinement of service specifications
- Refinement of a performance framework
- Finalise workforce development plan
- Implement procurement
- New contracts commence – 1 September 2016

## 5.0 Recommendations

Members of the Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

## 6.0 Appendices

Appendix 1 Draft Service Model

Appendix 2 Draft Early Help Specification (Exempt)

Appendix 3 Draft Mental Health Specification (Exempt)

Appendix 4 – Summary of Draft Early Help and Mental Health Specifications

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