


**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.

29th January 2016

A large decorative graphic on the left side of the page, composed of overlapping, semi-transparent shapes in various shades of blue and purple, creating a dynamic, abstract pattern.

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 summaries of the Public Health School-aged Universal and Targeted Emotional Health & Wellbeing and the NHS Children and Young People's Mental Health Service specifications, full draft copies of the service specifications along with proposed Outcomes, and KPI's and measurements for the KCC Public Health contract as requested by the Committee at the last meeting on 9th October 2015. The Health contract KPI's and measurements have not been provided as these will be developed throughout the procurement process with the Provider.

Kent County Council and the Kent Clinical Commissioning Groups have been working together since early 2014 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 draft specifications, the contract procurement process will commence in March 2016.

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 from 1st April 2017.

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

1.0 The Model

1.1 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 developed the Service Model in partnership with commissioners and clinicians.

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

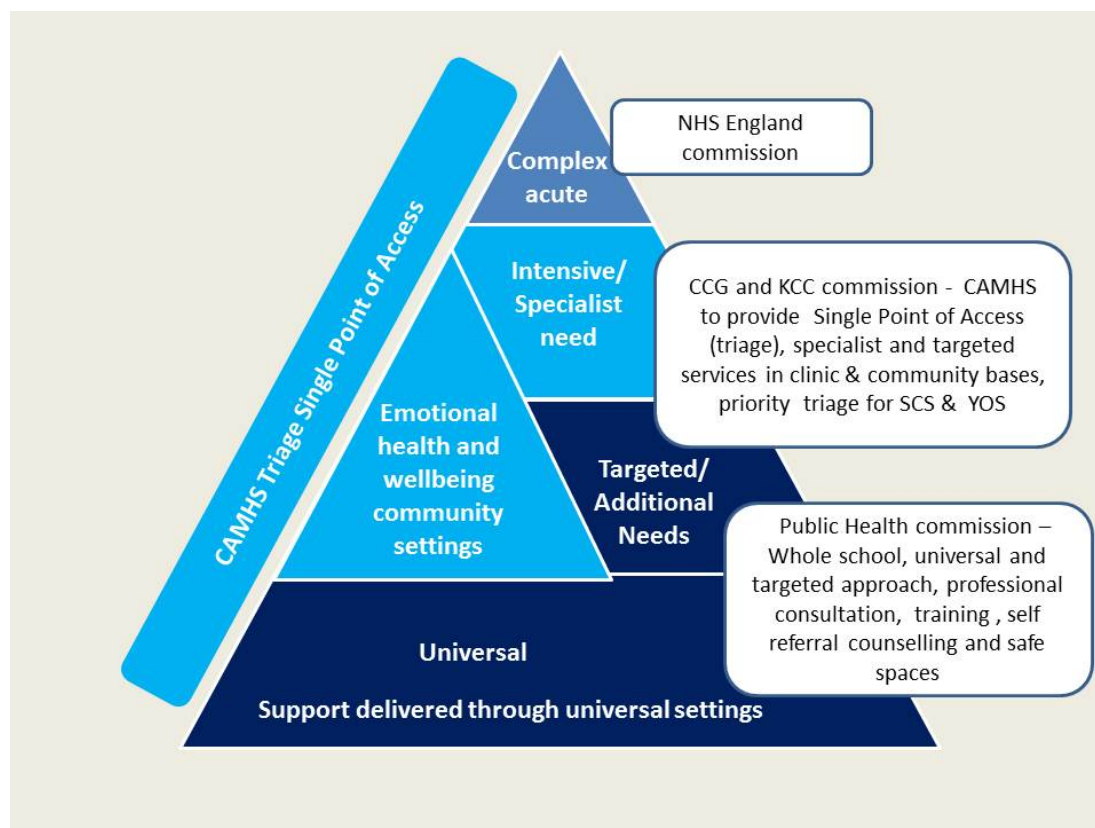


Figure 1: the whole system model

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 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	Focus on children wherever they are in the

supporting children adequately	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 Public Health School-aged Universal and Targeted Emotional Health and Wellbeing Service 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 1 & 3)

2.3 The purpose of the second specification is to specify the provision of the NHS Children and Young People's Mental Health Service at the Targeted and Specialist level of provision, previously referred to as Tier 2 and Tier 3 of Child and Adolescent Mental Health Services (CAMHS) (see Appendix 2 & 4).

2.4 The final drafts of both the Public Health and NHS provision will be presented to the Collaborative Commissioning and Procurement Board on 8 February 2016 for sign off.

2.5 These documents will remain in draft format throughout the procurement process in order to be developed in partnership with Providers.

3.0 Procurement Process and Contracting

3.1 A Contract Procurement Board has been established, co-chaired by Andrew Ireland (KCC) and Ian Ayres (WK CCG).

3.2 Commissioners have agreed to pursue a competitive dialog procedure, developed utilising the expertise of the South East Clinical Support Unit (SECSU).

3.3 The procurement process is set to begin in March 2016 and will be completed by 31 October 2016 for the Universal & Early Help contract and by 31 March 2017 for the Health contract.

3.4 For the remainder of the current Children & Young People's Mental Health contract, work is already being undertaken to deliver aspects of the new service through contract variation with Sussex Partnership Foundation Trust.

3.5 In parallel with the re-procurement of the Children and Young People's Mental Health service, the Kent Transformation Plan is also being delivered. This involves a suite of projects aimed at increasing provision and improving specific pathways across the system in relation to, for example, Eating Disorders, Unaccompanied Asylum Seekers, Crisis Care and reducing waiting lists.

3.6 Governance structures, in the form of the Collaborative Commissioning and Procurement Board, local Transformation Implementation Groups in each of the 3 health economies and the Transformation Board, are in place to oversee the delivery of both programmes of work and to ensure alignment of interdependencies. Both of these Boards report to the Children's Emotional Health & Wellbeing Board.

4.0 Next steps:

- Sign off of draft service specifications
- Refinement of a Outcomes, KPI's and Measurements
- Finalise workforce development plan
- Governance approval to begin procurement
- Implement procurement

5.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

6.0 Appendices

Appendix 1	Universal & Targeted Emotional Health & Wellbeing Specification - Summary
Appendix 2	Children & Young People's Mental Health Specification - Summary
Appendix 3	Draft Universal & Targeted Emotional Health & Wellbeing Specification - Full
Appendix 4	Draft Children & Young People's Mental Health Specification - Full

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

