

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

Health Overview and Scrutiny Committee

4th March 2016

Patient focused,
providing quality,
improving

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

Summary

A working sub-group of the Kent Health Overview Scrutiny Committee (HOSC) met on 17 February 2016, to discuss concerns raised at the previous HOSC meeting on 29 February 2016 relating to the universal/early help and health service specifications. The meeting was attended by a small group of committee members and representatives from NHS West Kent CCG and KCC Public Health.

It was agreed that a summary paper of the discussion would be written and submitted to the next HOSC meeting on 4 March 2016.

Recommendation

Members of the HOSC are asked to note the contents of this report and agreement is sought that, although the new service specifications do seek to significantly improve the way current provision of emotional wellbeing and mental health services are being delivered, they do not constitute significant change in terms of what is being delivered. Therefore, no further public consultation is required.

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 1 April 2017.

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

1.0 Service Specifications

1.1 The authors of the specifications were given the opportunity to briefly outline the aims and objectives of the services being proposed and the collaborative commissioning process being undertaken to deliver two separate services, but as a whole-system approach, ensuring a seamless pathway from universal support to specialist mental health care for the child/young person

1.2 Crucial to the improvement of the new whole-system approach is the development of an appropriate and clinically sound integrated Single Point of Access (SPA) which will ensure that qualified mental health practitioners will review all referrals received via the Early Help Notification process in order to identify the appropriate level of mental health need, therefore, ensuring children/young people are seen by the right person, in the right place at the right time and reducing demand for specialist services. The integrated SPA will have a single phone number, e-mail address and referral form to ensure ease of

access to support as well as real-time information for referrers about the availability of provision across Early Help, EWB and CAMHS services.

- 1.3 The development of a Kent-wide integrated outcomes based framework and data set will allow for closer scrutiny of service performance through system wide contract monitoring, ensuring the model remains aligned. This will continue to support evidence based improvements whilst ensuring value for money.
- 1.4 Two separate specifications have been developed, through consultation with children/young people, parents/carers and professionals and aligned to '*Future in Mind*', to meet the diverse needs outlined in Kent's '*The Way Ahead*' strategic framework and Emotional Health and Wellbeing Model.
- 1.5 One specification sets out the provision of the Public Health Secondary School-Aged Universal and Targeted Emotional Health and Wellbeing Service, working across the population of school aged children in primary, secondary and tertiary settings, 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.
- 1.6 Following public consultation, the contract will be split between primary and secondary/tertiary age groups to reflect the differing needs. Every state school in Kent will have a named professional who will provide advice and support to schools to improve the health outcomes for their children and face to face support for children and their families on health issues.
- 1.7 The Universal Service aims to build resilience (that is, individual, family and community capability to deal with adverse events) and support emotional wellbeing at an individual and whole school level. It will support mental health promotion across the school, provide advice and support to children with very mild emotional health problems, provide advice and support to school staff on supporting children with children with mild problems and identify and refer children with greater needs to the appropriate service.
- 1.8 The Targeted School Emotional Health and Wellbeing Service will be provided by the secondary/tertiary age school public health service providing in-reach to primary schools. This service will provide support for children with mild/moderate mental health needs and their families, staffed by mental health professionals. This could be provided via drop-in consultations or short term evidence-based programmes. This service will be accessed via self-referral, referral by school staff members, or from professionals outside the school, e.g. GPs, via the Single Point of Access. This service will also have a

role in supporting those children accessing more specialist mental health services to support their recovery and provide advice to the school.

- 1.9 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 across the three health economies (North, East and West Kent).
- 1.10 Targeted mental health services are for those children/young people who are experiencing mild to moderate mental ill health. This provision ensures timely access to assessment and treatment delivered by mental health professionals using a range of time-limited evidence-based interventions with successful resolution or management of the difficulty within their local education setting or social setting. This element of the service is for children/young people whose needs do not meet the higher level mental health threshold but cannot be supported by Universal services or by the Emotional Health and Wellbeing service.
- 1.11 Specialist mental health services will be for those children/young people presenting with the highest level of risk to self and others who have complex, severe and enduring psychological, psychiatric and behavioural problems. This medium – to long-term level of treatment will be delivered by highly specialist staff using evidence-based interventions in line with NICE guidance. The provision will include access to crisis care and will respond to the needs of children/young people with neurodevelopmental conditions (ADHD/ASC), eating disorders, victims of child sexual exploitation and those demonstrating harmful sexual behaviour, learning disabilities, psychosis, offending and substance misuse.
- 1.12 Clarity has been sought around the requirements of vulnerable groups (Children in Care/Looked After Children, Children in Need, Young Offenders, disabled children, children on the child protection register and Unaccompanied Asylum Seeking Children) and how best to meet their needs including prompt access to assessment and treatment via the SPA process.
- 1.13 There are clear requirements across the system to improve transition between services, including adult mental health services, through the development of a 0 – 25 year old provision after the first year of the five year contract.
- 1.14 The final drafts of both the Public Health and NHS provision will be presented to the Collaborative Commissioning and Procurement Board on 4 March 2016 for sign off. 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 Commissioning 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 and 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 three 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 Points raised by Members

- 4.1 How do you measure outcomes? The specifications require clear KPI's for access/waiting times for key points in the referral pathway – *A set of provisional outcomes and KPI's have been developed (Appendix 1 and 2) and these will form part of the competitive dialogue with Providers and will be agreed by commissioners as part of the procurement process.*
- 4.2 Concerns were raised around the complexity of the services being proposed and how realistic is to deliver them? - *Despite being a complex structure of services in terms of commissioning, a clear pathway had been developed which would allow children/young people and parents/carers to navigate the whole system from Universal to Specialist services where these had previously worked in silo, therefore, ensuring no child/young person could fall between the gaps in provision. Providers are required to work in*

partnership with other providers (including the voluntary sector) so that the demands are shared across the totality of services therefore reducing duplication of effort and improving efficiency.

- 4.3 How do you achieve 'collaborative commissioning'? – *As part of the procurement process, a joint commissioning strategy is being written up to identify a clear structure against which the procurement process will be aligned both in relation to KCC and CCG governance structure and timetables.*
- 4.4 The difference in language between local authority and health has caused some confusion - *Authors of these documents continue to work towards a common language and have agreed to provide a glossary of terms to provide some clarity to readers.*
- 4.5 Providers should be required to work with research bodies to embed evidence-based improvements in provision - *An element of research has now been written into the specifications via links with The National Institute for Health Research (NIHR) and Academic Health Science Networks (AHSN) which are affiliated with higher education institutions, patients and researchers and aim to translate research into practice.*
- 4.6 Is there a way to measure progression of an individual year on year? – *As well as the system-wide data dictionary being developed within KCC, the health provider will be asked to submit a comprehensive data set to the South East Commissioning Support Unit who are able to identify individuals by NHS number – this could form an audit requirement*
- 4.7 Does the school public health service cover KCC funded schools and academies? - *Yes the funding covers all state funded schools and academies but not privately funded schools*
- 4.8 0-25 age banding, how does this work in practice when 20-25 year olds might not consider themselves in young people's services? - *The Providers will be required to develop an age appropriate service, including 18 -25 by year 2 of the contract, and to work in partnership with other service providers. Patients' have a choice as to what service they receive, providing it is clinically sound, so if someone wants to be seen by another services and this is deemed appropriate then they should be allowed to do so.*
- 4.9 The specifications must consider the full spectrum of people with learning disabilities (LD)? – *There is already an established close working relationship between LD health and social care which is very effective.*

4.10 How will these services be easily accessed? *In addition to referrals from Universal Service's and GP's, the integrated Single Point of Access will accept referrals from all other partners and members of the public, including self-referral. The specifics of this process are to form part of the Competitive Dialogue with Providers during the procurement process to develop an appropriate and clinically sound early help response and approach.*

5.0 Next steps of the contract process:

- 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.

6.0 Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.
- (ii) agreement is sought that, although the new service specifications do seek to significantly improve the way current provision of emotional wellbeing and mental health services are being delivered, they do not constitute significant change in terms of what is being delivered, therefore, no further public consultation is required.

7.0 Appendices

Appendix 1 Universal/Early Help Outcomes and KPI's
Appendix 2 Mental Health KPI's

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APPENDIX 1

KCC Public Health Commissioned Service

District Key Performance Indicators

| No. | Indicator |
|--|---|
| Service Outcomes for Children and Young People - emotional health and resilience (refined once the integrated outcomes framework is finalised) | |
| 1 | Children and young people 's emotional health and resilience is improved as a result of the Tier 1 (including across the resilience domains) |
| 2 | Children and young people 's emotional health and resilience is improved as a result of the Tier 2 intervention(including across the resilience domains) |
| 3 | Children and young people's voices are heard |
| 4 | Children and young people are confident that they can access resources and employ strategies to support their emotional health in the future |
| 5 | Children and young people are satisfied with the service that has been provided |
| 6 | Parents and carers are confident that they can access resources and employ strategies to support their child's or young person's emotional health in the future |
| 7 | Parents and carers are satisfied with the service that has been provided |
| 8 | Educational staff and governors are able to identify and support children and young people with emotional health and mental health needs |
| 9 | Educational staff and governors are confident that they can access resources and employ strategies to support their child's emotional health in the future |
| Agreements | |
| 10 | Number of schools who have a signed communication agreement in place with the SNS - signed off by the Head Teacher or Deputy Head |
| | Proportion of schools who have communication agreement signed by Head Teacher or deputy |
| 11 | Proportion of GP practices with a named link worker |
| Whole District and School Plans | |
| 12 | % of districts with District Public Health Plans |
| 13 | % of schools with School Health Plans |
| Assessments/ Screening and Tier 1 intervention including Tier 1 emotional health intervention | |
| 14 | Percentage of year R children who are offered a health questionnaire - cumulative |
| 15 | Proportion of Year R who have a follow up intervention for emotional health post health questionnaire - cumulative |
| 16 | Percentage of Year 6 children who are offered a health questionnaire - |

| | |
|---|---|
| | cumulative |
| 17 | Proportion of Year 6 who have a follow up intervention for emotional health post health questionnaire - cumulative - include type of interventions. |
| 18 | Percentage of Year 10 children you are offered a health questionnaire - cumulative |
| 19 | Proportion of Year 10 who have a follow up intervention for emotional Health post health questionnaire - cumulative - include type of interventions |
| Provision of an accessible service which can access referrals and self referrals | |
| 20 | Number of referrals for Tier 1 emotional health |
| 21 | Number of self referrals for Tier 1 emotional health |
| 22 | Number of referrals for Tier 2 emotional health (primary) |
| 23 | Number of self referrals for Tier 2 emotional health (primary) |
| 24 | Number of referrals for Tier 2 emotional health (secondary) |
| 25 | Number of self referrals for Tier 2 emotional health (secondary) |
| 26 | Number of drop in sessions delivered including in safe spaces |
| Packages of Care at Tier 1 and Tier 2 including emotional health and resilience | |
| Packages of Care at Tier 1 to children and young people | |
| 27 | Number of new packages of care started (Emotional Health and wellbeing) - (primary) |
| 28 | Number of new packages of care started (Emotional Health and wellbeing) - (Secondary) |
| Packages of Care at Tier 2 to children and young people | |
| 29 | Number of new packages of care started (Emotional Health and wellbeing) - (primary) |
| 30 | Number of new packages of care started (Emotional Health and wellbeing) - (secondary) |
| Training for parents, carers, staff and governors | |
| 31 | Number of parents and carers in Universal services trained to support children and young people's emotional health and resilience (primary) |
| 32 | Number of parents and carers in Universal services trained to support children and young people's emotional health and resilience (secondary) |
| 33 | Number of school staff and governors in Universal services trained to support children and young people's emotional health and resilience (primary) |
| 34 | Number of school staff and governors in Universal services trained to support children and young people's emotional health and resilience (secondary) |
| Referrals and Service Interfaces | |
| 35 | Number of children who are supported in their transition from Health Visiting into primary school |
| 36 | Number of children who are supported in their transition from Public Health School Service Primary/primary school into the Adolescent Health Service/ secondary tertiary school |

| | |
|--|---|
| 37 | Number of children who are referred to SPA for Early Help Additional Service |
| 38 | Number of children who are referred to SPA for Specialist Tier 3 CAMHS Service |
| 39 | Number of A and E attendances that are followed up |
| Whole School Health Improvement | |
| 40 | No. of schools supported to implement and review whole school health improvement around emotional health |
| 41 | % of schools in Quartile 1 who over the period of the contract adopt a whole school approach to health improvement around emotional health and resilience |
| 42 | No. of children and young people supported to participate in whole school health improvement |

APPENDIX 2

Mental Health KPI's

Under Service Condition 2 of the national NHS contract, the Provider is mandated to comply with the registration and regulatory compliance guidance of any relevant regulatory or supervisory body. Under Service Condition 3 of the national NHS contract, the Provider is mandated not to breach thresholds in respect of operational standards and national quality requirements. Specific to children and young people, the national standards apply to access and waiting times in relation to eating disorders, perinatal mental health, early intervention in psychosis and liaison psychiatry.

The following KPI's link to the strategic outcomes specified in *'The Way Ahead'* - a strategic framework for Kent's children and young people's emotional wellbeing and mental health.

Access/Waits –

- 60% of routine assessments completed within 2 weeks of accepted referral
- 95% of routine assessments completed within 4 weeks of accepted referral
- Vulnerable groups – 100% assessments completed within two weeks of accepted referral
- Vulnerable groups – 100% commence treatment within 2 weeks of assessment
- Vulnerable groups – reduce DNA's to 4% from current baseline
- 100% of children screened for CSE
- 60% of routine treatment commenced within 4 weeks of assessment
- 95% of routine treatment commenced within 6 weeks of assessment
- No appointments cancelled by the Provider
- 100% of emergency referrals assessed within 24 hrs of accepted referral
- 100% of urgent referrals assessed within 5 working days of accepted referral
- 100% of MH S136 admissions assessed with 2 hrs of accepted referral

Whole Family –

- 100% of complaints responded to within 4 weeks
- 30% of patients/parents/carers discharged provided a survey response regarding their involvement in the care planning process
- 75% of those who responded to the care planning survey stated that they felt happy with the level of their involvement in their care planning
- 100% of multi-disciplinary care plans must be agreed by the patient and shared with parents/carers

Recovery and Transition –

- 100% of patients to have a multi-disciplinary care plan in place by 1st treatment, agreed and signed by the patient and parent/carer
- baseline of Tier 4 admissions reduced by 25%
- 75% of patients at point of leaving the service will have completed an appropriate pre- and post- patient reported outcome tool
- 90% of patients will have demonstrated statistical change in moving towards recovery at the end of their treatment using a recognised clinical tool
- 50% of patients will have achieved recovery (below caseness) at the end of their treatment as measured using a recognised clinical tool.
- 100% of patient's transitioning to other services to have a multi-disciplinary care plan shared with onward services