

From: Roger Gough, Cabinet Member for Children, Young People and Education

Matt Dunkley CBE, Corporate Director of Children, Young People and Education

To: Children's, Young People and Education Cabinet Committee – 10th July 2018

Subject: An update on the Emotional Wellbeing and Mental Health Pathway for Children and Young People in Kent

Classification: Unrestricted

Past Pathway of Paper: None

Future Pathway of Paper: None

Electoral Division: All

Summary:

The delivery of services which are aligned to the Emotional Wellbeing and Mental Health (EWMH) pathway across Kent are multi-layered, multi-faceted and multi-agency. The services which are now in place include KCC provision, services funded by The Big Lottery, and services commissioned jointly by KCC, Public Health and Kent's seven Clinical Commissioning Groups (CCGs). Those services which are provided externally were appointed following a lengthy and robust joint procurement and commissioning process.

On the 8th May 2017, North East London Foundation Trust (NELFT) were awarded the contract to deliver Children and Young People Mental Health Service (CYPMHS) in Kent.

On 2nd February 2017 Kent Community Health Foundation Trust (KCHFT) were awarded the contract to deliver the Primary School Public Health Service and Adolescent Health and Targeted Emotional Health Service in Kent.

The CYPMHS contract commenced on the 1st September 2017, while the KCHFT contract commenced on 1st April 2017. This report provides an overview and update on the Kent County Council funded elements of the service.

Diagram 1 shows the support levels in the Emotional Wellbeing and Mental Health model and the corresponding funding amounts from their various sources within the joint commission.

Recommendation(s):

The Children's, Young People and Education Cabinet Committee is asked to **NOTE** the performance of the provider in line with the contract.

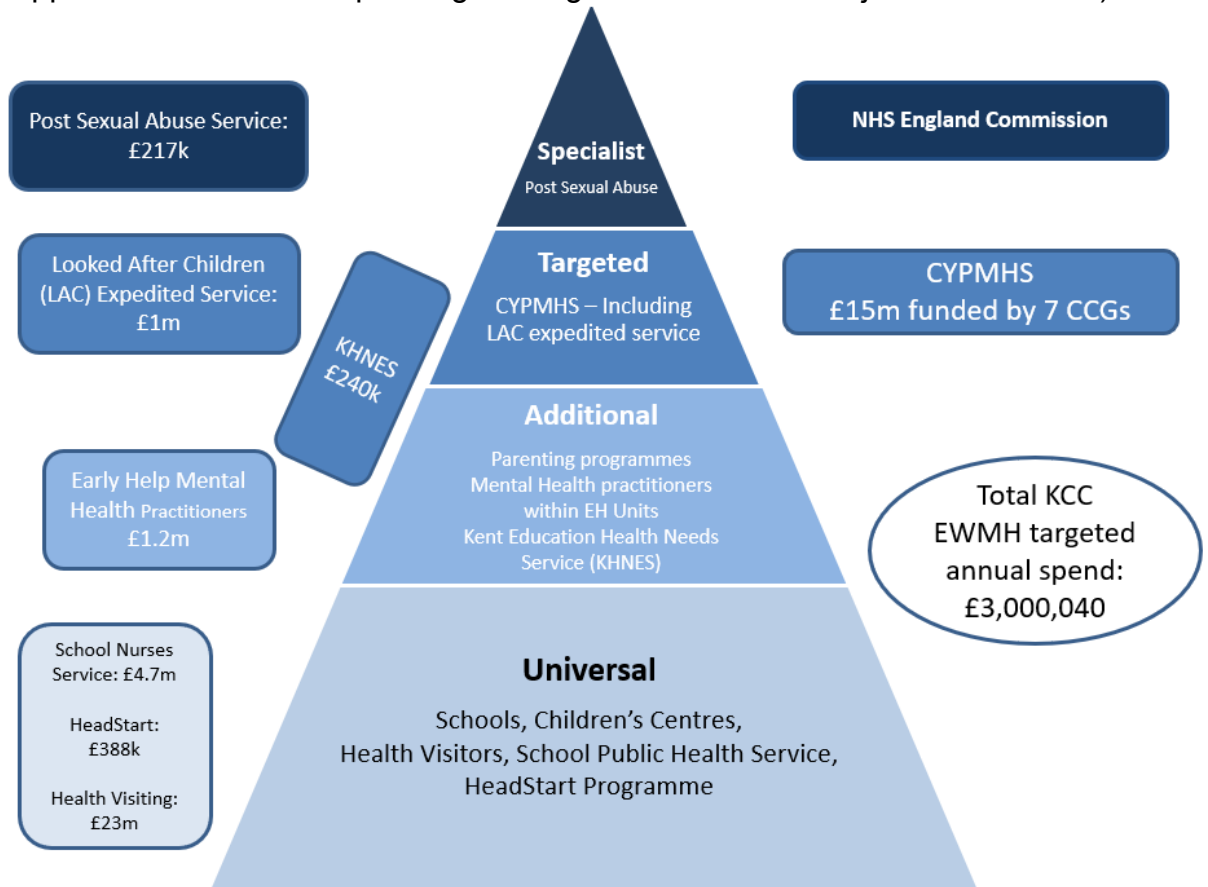
1. Introduction

- 1.1. Kent County Council (KCC) and the Kent Clinical Commissioning Groups ([CCG], the Contracting Parties) have been working together since early 2014 to improve the quality and scope of the universal and targeted provision to deliver a new whole system of Emotional Wellbeing and Mental Health support for children and young people (CYP) in Kent, that extends beyond the traditional reach of commissioned services.
- 1.2. As partners in Kent, the Contracting Parties want to support CYP and their families as they make their journey through life, and work together in helping them respond to and overcome specific challenges that they may face. Enjoying positive emotional wellbeing and mental health opens the door to improved physical and cognitive development, better relationships with family members and peers and a smoother transition to adult independence.
- 1.3. The new service model and commissioning approach is intended to redress the current gaps and blockages in the pathway that children, young people and their families tell us they experience when accessing mental health services in Kent.
- 1.4. The new model has been developed alongside the principles and approaches articulated in Future in Mind (2015), a document from the Department of Health and NHS England that sets out a clear vision for 'promoting, protecting and improving children and young people's mental health and wellbeing'. The model in Kent outlines a whole system approach to emotional wellbeing and mental health in which there is a Single Point of Access (SPA), clear seamless pathways to support, ranging from universal, to targeted to highly specialist care, with better transition between services.
- 1.5. This model represents a significant shift in the way that support, and services have previously been provided to CYP across the system.
- 1.6. On the 8th May 2017, North East London Foundation Trust (NELFT) were awarded this contract. There is a clear expectation that this contract will contribute to and shape a system of earlier intervention wherever possible. These outcomes are directly related to children and young people's mental health. As Strategic Partner, NELFT will work closely with the School Public Health Service, as well as with HeadStart, to embed the transformation for CYP Mental Health through the use of an integrated governance framework.
- 1.7. Over the lifetime of the contract, there is a requirement for the Providers to embed transformation of children's emotional wellbeing and mental health services. The service specification requires an approach which will embed flexibility around delivery of mental health services for children.
- 1.8. As the Provider, NELFT act as the Strategic Partner for the programme and will operate the SPA and have a responsibility for the Targeted and Specialist Mental Health Service Contract for CYP.
- 1.9. A key contribution to the Emotional Wellbeing and Mental Health offer to young people is being made by HeadStart Kent. This is a £10m programme funded by

The Big Lottery over five years, to improve the emotional wellbeing and resilience of at risk 10 to 16-year-olds. HeadStart Kent is one of only 6 local partnerships nationally.

- 1.10. HeadStart Kent has a prevention and early intervention approach to identify young people who may have challenges to their emotional wellbeing and provide them with the skills and support to develop their resilience and improve their wellbeing. The programme has been designed and is being delivered through coproduction with groups of young people across Kent.

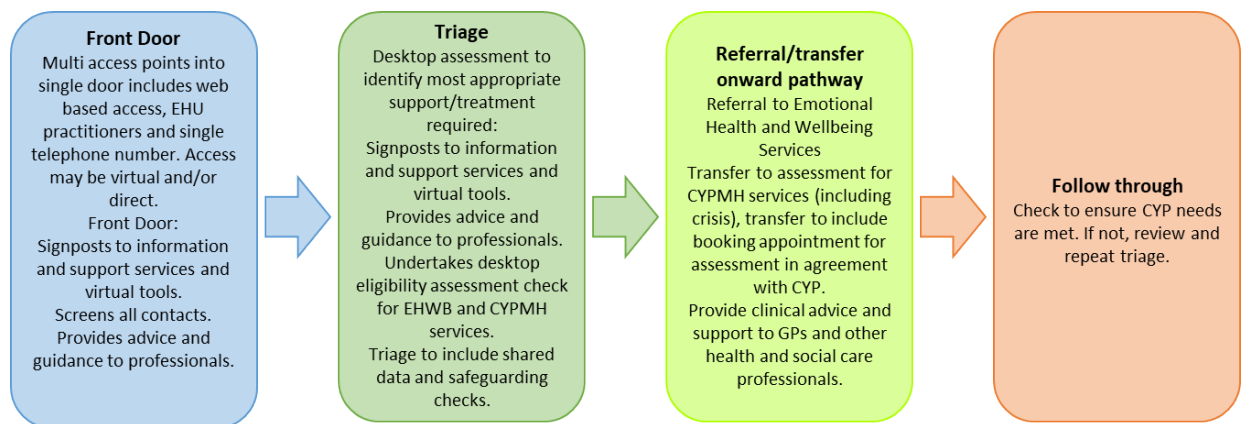
Diagram 1: Emotional Wellbeing and Mental Health Model in Kent (showing support levels and corresponding funding and sources in the joint commission)



2. Single Point of Access

- 2.1. NELFT provide the lead for the integrated Single Point of Access (SPA) for both CYPMHS (i.e. those in the contract) and for Kent Community Health Foundation Trust (KCHFT) Public School Health Services (which includes emotional health and wellbeing services).
- 2.2. The core purpose of the Kent SPA is to enable CYP to access emotional wellbeing and mental health services in a timely and appropriate manner.
- 2.3. The SPA provides support, advice, and guidance to individual children and young people, their parents or carers, and health and social care professionals, including those who wish to refer to a service and those seeking guidance or

information. This may lead to a referral to onward care pathway/s and/or assessment of eligibility for CYPMHS and/or EHWP services.



2.4. Where a referral is triaged and identified as not meeting EHWP or CYPMHS service eligibility criteria, the SPA will signpost the family to alternative available support and/or services, within the locality where the family resides.

2.5. SPA achievements in the first six months:

- SPA has been fully operational from 1st September 2017.
- Established a welcoming culture, where communication verbally or in writing aims to be supportive and encouraging.
- Risk Management and safeguarding training has been provided for all clinical staff.
- Implemented a clinical risk management process. All referrals are screened the working day they are received and prioritised for triage based on clinical risk.
- Established internal processes to have seamless exchange of referrals between KCHFT School Nursing and NELFT CYPMHS Health Team.
- Received positive feedback from professional visitors and commissioners who have been to visit the SPA.
- The SPA is developing a library of local resources available across Kent, as well as electronic therapeutic resources such as the Big White Wall and Mindfresh.

2.6. Linked to this is one of the key elements of the HeadStart Programme: the Kent-wide HeadStart Resilience Hub (www.HeadStartKent.org.uk). The Resilience Hub is a useful website for promoting the emotional wellbeing and resilience of young people and includes dedicated sections for our young people, parents and people working in schools and communities. There are films, information, articles, tools and links to other helpful sites and Mental Health and other issues that impact on it.

2.7. Analytics are showing that each month there are approximately 1,500 hits on the Resilience Hub front page with total views per month being 6,000 across all pages.

2.8. The Resilience Hub is managed in partnership with Kent Public Health and has information on links to the SPA, the CYPMHS and the School Public Health

Service, as key partners in the programme.

3. Overview of Public Health Outcomes

3.1. The School Public Health Service, in collaboration with the Targeted and Specialist Mental Health Service, is making a significant contribution to achieving the Council’s strategic vision of ensuring that children and young people in Kent get the best start in life and deliver against the following outcomes:

- Kent communities are resilient and provide strong and safe environments to successfully raise children/young people.
- Keeping vulnerable families out of crisis and more children/young people out of KCC care.
- The attainment gap between disadvantaged young people and their peers continues to close.
- All children, irrespective of background, are ready for school at age 5.
- Children/young people have better physical and mental health.
- All young children are engaged, thrive and achieve their potential (through academic and vocational education).
- Kent young people are confident and ambitious with choices and access to work, education and training opportunities.

3.2. Additionally, these services are also making important contributions to delivering against the strategic outcomes within the CYP mental health services. These are:

Experience	Early Help	Access	Whole Family Approaches	Recovery & Transition
Improving the experience of CYP their families and carers.	CYP have improved emotional resilience and where necessary receive early support and treatment to prevent problems getting worse.	CYP who need additional help receive timely, accessible and effective support and treatment.	CYP receive support and treatment that recognises and strengthens their wider family relationships.	CYP receive support and treatment that promotes recovery and are prepared for and experience positive transitions between services (incl. to adult services) at the end of interventions

3.3. Providers are jointly responsible for achieving against these outcomes and will contribute towards the whole system transformation for CYP mental health.

3.4. The Public Health Outcomes Framework sits alongside the strategic outcomes. Services are measured against those outcomes that directly relate to CYP’s mental health. These are:

- Hospital admissions caused by unintentional and deliberate injuries in children and young people
 - Emotional wellbeing of looked after children
 - Suicide rate
- 3.5. Other Public Health outcomes that will be measured include:
- Hospital admissions for mental health conditions in 0-17 years
 - Hospital admissions as a result of self-harm in 10-24 years
- 3.6. Outcomes will be reported against during the lifetime of the contracts and should be identified following assessment at the start of any treatment and reviewed at every contact session, using tools that are appropriate to the age, cognitive ability and needs of the child or young person.

4. A Five Pathway Model

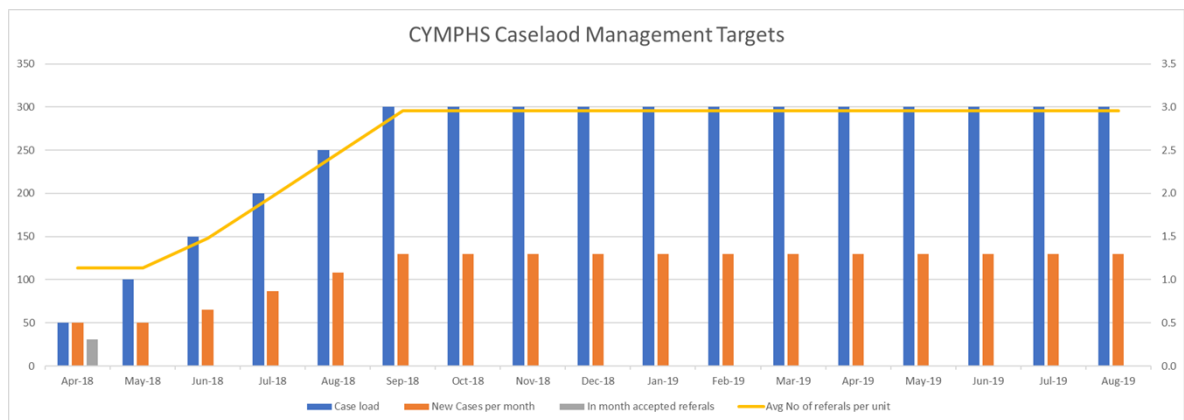
- 4.1. Following a consultation with their workforce, NELFT introduced a new model, based on a 5 pathways approach, rather than the historical 'tier' model.
- 4.2. The Five pathways embedded within their model are 1) emotional health and resilience, 2) complex, 3) behaviour, 4) mood and anxiety and 5) neuro-developmental.
- 4.3. Specific KCC monies have been used to support Early Help (EH) Unit work, to support the Kent Health Needs Education Service (KHNES) and services for Children in Care. KCC monies are provided in addition to the Targeted Service contributions of the contract as part of the NHS funded element of the contract.
- 4.4. From March 2017 to September 2017, the model of delivery for the EH Units and KHNES Mental Health Workers was implemented in partnership with the incumbent provider (Sussex Partnership Foundation Trust) via a contract variation.
- 4.5. The benefits of having practitioners attached to the Units and the Hubs was built into the contract specification to offer specialist mental health consultation and joint assessments on complex cases; direct mental health case work attached to unit work, by Mental Health Practitioners linked to the Units and Hubs; mental health briefings and training to be delivered to EHPS and KHNES staff; and improved communication with specialist mental health services. Due to recruitment problems, only 16 out of the 44 EH Units and 1 out of the 6 KHNES Hubs were covered by SPFT.
- 4.6. One of the key outcomes being sought is for evidence-based mental health interventions to be delivered swiftly in community-based settings to young people known to Early Help services, an increased confidence of Unit staff in dealing with mental health issues in young people; and the development of productive professional relationships between CYPMHS and EH staff.
- 4.7. NELFT took over the operational delivery of CYPMHS in September 2017. However, having immediately entered into a consultation with staff they were unable to progress their recruitment and the level of service, described in

paragraph 4.5, for EH Units and KHNES Hubs. A resolution to the service delivery gaps experienced by both EH and KHNES between September 2017 and the present is currently still under negotiation.

4.8. It is hoped that the Early Help Pathway will be fully implemented by August 2018 and will include the following elements:

- Aligned NELFT staff attending Early Help Unit meetings, providing consultations to Early Help staff and co-working appropriate open cases
- NELFT staff will pick up case work directly from the Units rather than delaying the allocation process by processing referrals via the SPA.

4.9. Due to the significant staff shortfall the number of KCC Early Help cases currently being worked with is very low however once the Early Help Pathway is fully implemented the following levels of activity are expected for the EH Units:



4.10. Activity following Key Performance Indicators (KPIs) will be used to monitor this:

- a) No. of open cases
- b) No. of new Referrals
- c) No. of discharges / closures
- d) No. of cases transferred to another pathway that Month
- e) No. of 1st Assessments
- f) Average case duration of cases closed (weeks)
- g) RTA - Referral to Assessment time (weeks)
- h) No. of face to face appointments attended
- i) No. of MH Consultations
- j) No. of MH Interventions
- k) No. of MH Professional Liaisons

5. Kent Health Needs Education Service

1.1. The Local Authority remains accountable for the progress and achievement of young people who have health needs which impact on their statutory education. For those too unwell to attend school, the Kent Health Needs Education Service (KHNES) provides an education support and outreach service. This service caters for young people with mental health needs or with physical medical conditions.

- 1.2. The countywide service provides:
 - continuity of education for the young person, whether this is by being supported in the home, school or by providing off site provision, one to one tuition or virtual learning experiences.
 - support and training for schools in how to support young people with medical and mental health issues.
 - fair and equitable access to all schools
 - a streamlined referral process to reduce the waiting time where young people are missing education
- 1.3. This service operates from 1 residential unit and from 6 'day hubs'. Advice and guidance is provided to schools working with young people with mental health and physical health needs.
- 1.4. Young people are supported with their education in one of the specialist hubs either on a full-time or part-time basis. These are short term placements, typically no more than 8-12 weeks and are provided as part of a supported reintegration programme. Access to an E-learning platform and tuition in the service settings are also possible.
- 1.5. As described in Section 4, the new model was designed to ensure that each hub receives specialist staff, including a Mental Health Practitioner to ensure expert advice is given to schools and there is connectivity between the work of the service and the health care professionals. A resolution to the gaps in service delivery following the implementation of the new contract is currently still under negotiation.
- 1.6. The KHNES curriculum aims to inspire the young people to re-engage in learning and to:
 - accelerate young people's academic progress and attainment in line with their peers to minimise any detrimental effects of missing education due to a health need
 - provide education which complements that of the home school and support smooth transition
 - support the young person with transition or progression planning
 - develop young people' personal skills in readiness to participate fully in their communities
 - raise self-esteem and build self-image
- 1.7. The curriculum provision is individualised. It offers therapeutic support, including mindfulness and respite, as well as teaching core curriculum subjects.
- 1.8. There are currently 192 young people accessing the service, predominantly of Secondary school age. Referrals increase significantly in Years 10 and 11. There are currently more girls in the service (Females 59.1%, Males 40.9%). Baseline data on entry is typically higher than the national average. 73.8% of young people accessing the service are identified as having an additional SEND.

- 1.9. Quality assurance and monitoring of KPIs are in place to measure improvements in the KHNES outcomes achieved for young people who have been placed there. These include year on year improvements in:
- student literacy and English attainment and achievement
 - student numeracy and mathematics attainment and achievement
 - the percentage of students attaining 5 GCSE grades 9-4 in English and maths.
 - attendance
 - number of young people successfully re-integrated into mainstream education

6. LAC Offer and Post Sexual Abuse Service

- 6.1. The Looked After Children (LAC)/Vulnerable Children element of the CYPMHS contract focuses on those children with the greatest need for an expedited service. Vulnerable children include those who are subject to statutory Child Protection, Child in Need and Youth Justice Services.
- 6.2. The expedited services take the form of all assessments taking place within two weeks of referral to the provider. At the assessment, a decision will be made regarding need, which will then inform a decision regarding treatment pathway.
- 6.3. KPIs are in place to demonstrate how this is being carried out by the service and additional information around activity is also provided by the supplier.
- 6.4. This activity log specifically looks at:
- a) Number of CYP in receipt of service by diagnosis and care pathway
 - b) Number of CYP in receipt of service by diagnosis and care pathway for LAC
 - c) Number of CYP in receipt of service by diagnosis and care pathway for LAC Other Local Authority
 - d) Number of Kent vulnerable children enhanced service priority assessment undertaken
 - e) Number of Other Local Authority LAC enhanced service priority assessment undertaken
- 6.5. Harmful Sexual Behaviours now forms part of the Complex Pathway and is not a stand-alone service. To recognize this in activity reports, the Provider will be reporting on how referrals to the Complex Pathway were rejected in the month.
- 6.6. On an exceptions basis, the Provider will then report on any rejections (the expectation is the numbers will be very low so this is possible to complete on a monthly basis) and any issues will be picked up. This information will be available in the July 2018 iteration of the scorecard (using data from June 2018).

7. Contract Monitoring Arrangements

- 1.1. One of the core reasons for the fully collaborative process was the strong desire from KCC and CCG's to ensure a joint approach to commissioning and a continued commitment to early intervention and preventative services, recognising that dealing with mental health issues at the earliest possible time will reduce the level of more expensive specialist services.
- 1.2. A Section 76 Agreement is in place between the lead commissioning CCG (West Kent CCG) and KCC, for the financial contribution element for the contract. This document forms the legal basis for contact management.
- 1.3. Contract management meetings are currently held monthly until the new programme of services has been implemented. This is led by West Kent CCG, but KCC are given the opportunity to interrogate data performance ahead of the meeting to ensure that value for money and quality standards are being met.
- 1.4. A strategic Board has been set up between Public Health, the seven CCGs and KCC to monitor the progress of the transformation including performance management. However, delays in the availability of performance and engagement level data on the part of the providers has made it difficult to demonstrate the full performance picture yet.

8. Challenges

- 1.1. NELFT took over the operational delivery of CYPMHS in September 2017. Due to restructure and associated consultations, NELFT have not been in a position to recruit to the vacant posts to fully support either the KHNES or the Early Help Units. The emotional wellbeing and resilience pathway is therefore not yet fully implemented and as a result, referrals are currently running at about 10% of the expected level within Early Help. As a result, targets amounting to a staggered approach to referrals has been implemented with the aim of getting the Early Help Pathway to capacity by September 2018.
- 1.2. NELFT have implemented a structure that requires 7 members of their staff to cover all 44 Units. This includes attending weekly Unit meetings, maintaining a regular presence to form positive professional relationships, delivering regular training to Early Help Workers, providing consultation and advice to Early Help Workers on open cases and delivering evidence-based interventions to children and young people open to the Units.
- 1.3. Given the demands of the intensive element of the service there is a risk that the 7 members of staff will not be able to meet the requirements of the contract. Due to the current low service provision from the provider, Early Help Units are continuing to hold cases where there is a need for Emotional Health and Wellbeing support.
- 1.4. KCC are working to ensure the provider increases the level of provision, in line with the specification. During the last contract monitoring meeting (June 2018), a procedure was put in place to enable data sets to be analysed ahead of the contract review meetings. KCC are using this process to monitor service

delivery by analysing and challenging the data provided by NELFT, collecting activity data from Early Help Module and triangulating this with feedback from Early Help Managers in terms of the level and quality of service. This process enables Officers to directly flag concerns with the provider ahead of the contract monitoring meeting, at which point NELFT can attend the meeting with answers, actions and mitigation for the issues being raised by Early Help and/or Commissioners.

- 1.5. The Section 76 arrangements in place between WK CCG as the lead commissioner and KCC are being used as the lever to address performance through the monthly contract meetings.
- 1.6. NELFT are currently unable to produce all of the data sets required by KCC to monitor the activity undertaken by their staff, particularly those around LAC/Vulnerable Children, Early Help and KHNES. This is largely a training issue which should be resolved by June and will be demonstrated in the July data pack.
- 1.7. There is currently some difficulty in being able to differentiate between KCC and CCG spend, pathways and client groups (particularly around Kent LAC and Out of Area LAC).

9. Conclusion

- 9.1. It is positive that KCC, Public Health and each of the 7 CCGs have worked together to develop and design a robust, end to end, emotional wellbeing and mental health pathway.
- 9.2. It is positive that the commissioned elements of the contract are working closely with the Big Lottery funded HeadStart programme which will help embed the work with schools and develop sustainability.
- 9.3. The work to support LAC and Youth Offending Service is progressing well
- 9.4. It is positive that dedicated KCC resources have been found to support specific elements of targeted work with vulnerable groups such as Early Help and KHNES.
- 9.5. It is positive that the partnership is working together to resolve key issues
- 9.6. However, there is still some way to go before the activity reaches the intended and expected levels in relation to the work in Early Help Units and the KHNES.
- 9.7. There is also still some way to go before NELFT as the provider is able to give the necessary levels of assurance on reaching and sustaining the required levels of performance across each of the targeted KCC provision elements.

Recommendation(s):

The Children's, Young People and Education Cabinet Committee is asked to **NOTE** the performance of the provider in line with the contract.

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