

10 March 2021		ITEM: 17
		Decision: 110563
Cabinet		
A Fresh Start for our Child and Adolescent Mental Health Services - Re-Procurement Outline		
Wards and communities affected: All	Key Decision: Key	
Report of: Cllr Alan Mayes, Cabinet Member for Health and Air Quality and Cllr James Halden – Cabinet Member for Children’s Services and Adult Social Care		
Accountable Assistant Director: Michele Lucas – Assistant Director, Education and Skills		
Accountable Director: Sheila Murphy, Corporate Director Children Services		
This report is Public		

Executive Summary

Thurrock has a clear ambition to improve our mental health and emotional wellbeing services for children and young people. While improvements have been made by a dedicated partnership, we acknowledge that the current system is at times slow to respond, overly clinical, and not sufficiently accountable locally. This is the first step to change this.

This report sets out the requirement to procure our Emotional Well Being and Mental Health Services for Children and Young People in Thurrock. The current contract has been in place since 2015 delivered through a Collaborative Commissioning Approach between the 7 Clinical Commissioning Groups and 3 Local Authorities across the Greater Essex footprint. The current contract ends on the 31 January 2022.

The delivery of Mental Health Services for Children and Young People are a priority within the NHS Five Year Forward View for Mental Health published by NHS England and produced by the Independent Mental Health Taskforce in February 2016. The NHS Long Term Plan published in 2019 makes a renewed commitment to improve and widen access to mental health care and support for children and adults.

The new specification, a tailor made “Thurrock rollout” plan, for the collaborative Emotional Well Being and Mental Health Service for children and young people is clearly focussed on the principles of access and equitable services for all young people ensuring services reach those young people who are particularly vulnerable.

The specification, which allows for local determinants, supports our own developing strategic response through our Brighter Futures Strategy for children and young people and will form part of the integrated pathway for child and adolescent mental health services. The Collaborative Commissioning Forum is supportive of our approach in developing a model that brings together our universal service responses to ensure that children and young people can access and be directed to support whenever it is needed, the aim of an integrated service will be to prevent escalation along the pathway wherever possible but to ensure the right level of service is accessed for each child and young person. The new model will be developed under the guidance of Brighter Futures in collaboration with all partners', young people and their families.

The Chair of the Collaborative Commissioning forum has confirmed support for the Thurrock approach as follows:

“As mentioned at the recent CCF, I do not think that the ambition for the future CAMHs SET contract and the strategy for children in Thurrock, as describes within Brighter Futures, are incompatible or incongruent at all. The SET geography covers a huge area, towns and localities that sit within the same footprint but are physically and culturally different. Equally all localities within the SET footprint will have aspects of strength and areas that need to be developed and improved; the SET area is too big and too diverse for us to impose ‘one model’ upon a county that is the size of greater Essex. Thus our focus upon and agreed set of improved outcomes for young people, across the entirety of Essex means that these local nuances can be catered for through adaptation and that local strengths that exist already, can be built upon and amplified. And I personally see no reason why these principles cannot equally be applied to a specific strategy within Thurrock. A collaborative commitment to a collective cause should mean that the future CAMHs contract overseen by the CCF should be able to make a greater contribution to the Brighter Futures strategy, and be able to ‘run alongside’ this work.

I look forward to continuing to work closely with you as a valued partner within the CCF as we all make every effort to collectively improve outcomes for all children across Essex.”

The core elements of the Thurrock specific plan include

- 1) Seconded workers from EHWB's into Brighter Future to ensure greater integration and accountability.
- 2) Local governance via Brighter Futures, inclusive of local schools, to ensure Thurrock assets such as Inspire are deployed as a part of EWMH's decision making to avoid an overly clinical approach to support.

It is recognised that there are significant challenges in meeting the increasing demand for emotional wellbeing and mental health services as a result of the COVID-19 restrictions. The work to transform how mental health services are offered that has already commenced will provide the opportunity to take a whole systems approach to delivery that will better help ensure that we make best use of the resources available.

The current collaborative commissioning arrangement has led to an improved single point of access and seamless access to services in different tiers of need. This is particularly the case for access to tier two and tier three services which were previously accessed through different referral systems, often resulting in delays for children and young people in receiving support. The current commissioned service ends on the 31 January 2022 and this report outlines the proposals for the collaborative re-procurement of this service to ensure we have continued support for children and young people in place.

The provision of a Greater Essex Emotional Wellbeing and Mental Health Service brings together the budgets of the three local authorities and seven Clinical Commissioning Groups (CCGs) totalling £21 million per annum.

It is recommended that Thurrock Council continues to work as part of the Collaborative Commissioning Forum to re-commission an integrated Emotional Wellbeing and Mental Health Service to be in place from 1st February 2022, thus ensuring we continue to provide a strong strategic overview across Thurrock, Essex and Southend, economies of scale and the collaborative understanding of the view of all three local authorities and seven CCGs.

1. Recommendation(s)

- 1.1 That Cabinet agrees to the continuation of the collaborative commissioning arrangements and support the financial contribution from Thurrock Council as set out in this report;**
- 1.2 That Cabinet agrees to the re-procurement of the tier two and tier three Emotional Wellbeing and Mental Health Service through the collaborative commissioning arrangements;**
- 1.3 That Cabinet agrees the development of a local service response through the Brighter Futures strategy to address the mental health and emotional needs of young people in Thurrock in collaboration with partners and the Collaborative Commissioning Forum, encompassing the core elements of the Thurrock specific plan listed above:**
- 1.4 That Cabinet agree that the contract award is delegated to the Corporate Director of Children's Services in consultation with the Portfolio Holder for Children's Services and Adult Social Care in line with the current procedures.**

2. Introduction and Background

- 2.1 Prior to 2015 Child and Adolescent Mental Health Services (CAMH's) were not delivered collaboratively and young people's experience of services was very disjointed. A joint decision was made with all partners to collaboratively commission those services and it became the Emotional Well Being and Mental Health Service delivered by the successful bidder North East London**

Foundation Trust (NELFT) delivered across the Greater Essex footprint. This arrangement has been in place since 2015 and has led to an improved single point of access and seamless access to services in different tiers of need.

- 2.2 The current commissioned service ends on 31 January 2022 and this report outlines the proposals for the collaborative re-procurement of this to achieve delivery commencement at the end of the current contract.

3. Issues, Options and Analysis of Options

- 3.1 There has been universal acknowledgment in policy over the past ten years of the challenges experienced by children and young people in developing resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their families/carers and the agencies that support them, the challenges are greater. It is known that 50% of lifetime mental illness (except dementia) begins by the age of 14 and 75% by age 18. While improvements have been made by a dedicated partnership, we acknowledge that the current system is at times too slow, overly clinical, and not sufficiently accountable locally.
- 3.2 The provision of a Collaborative Emotional Wellbeing and Mental Health Service brings together the budgets of the three local authorities and seven CCG's and as such enables larger economies of scale.
- 3.3 It is proposed that there is a continuation of the collaboratively commissioned approach for the delivery of children and young people's emotional wellbeing and mental health services.
- 3.4 This proposal is based on a detailed options appraisal, an analysis of the current contract and the learning from that together with the integrated approach in Thurrock that builds on the excellent work of the Schools Well Being Service and the joint working across all services. The options appraisal looked at 4 potential procurement options. Option 1 a Thurrock only procurement, option 2 procure only part of the service, option 3 procure with a local authority outside Greater Essex and option 4 remain in the collaborative commissioning forum.
- 3.5 Option 1 would isolate Thurrock from the wider service, the MSE footprint will mean that the CCG are unable to jointly commission on a Thurrock only locality, there would be no direct connection to wider specialist services that are Greater Essex wide and currently accessible for Thurrock children and young people and limited opportunities to achieve economies of scale such as a single point of access and 24/7 crisis support.
- 3.6 Option 2 would mean a significant risk of Children and Young People facing delays in accessing services due to removal of an integrated pathway monitoring performance is challenging due to complications of Children and Young People moving between pathways and different systems.

- 3.7 Option 3 would be very difficult at this time if the Local Authority was outside the Greater Essex footprint as health systems would be different and so services would be fragmented.
- 3.8 Option 4 which is remaining within the current commissioning arrangement gives stability, access to a wide range of services and an integrated tier 2/3 pathway for children and young people. Within the specification there is provision for a local team, single point of access, crisis support, access to specialist services and flexibility for Thurrock focused services with local performance reporting. However, given the acute need for improvement, Option 4 is ONLY possible with the inclusion of the Thurrock Specific plan detailing how the Contract will be deployed locally for us.

It is also key that strong links are maintained with the Schools Well Being Service to ensure seamless services and integrated responses for children and young people.

Although the first 3 options were carefully considered it was felt that the best option for Thurrock is to remain an active participant in the Collaborative to ensure a flexible and responsive service for children and young people.

The proposal also supports our own emerging thinking about our local service provision, which is supported by the Collaborative Commissioning Forum, to embed the 7 principles of service delivery

1. Holistic – treatment approaches that take a whole family approach and treat both the young person and the family taking into account the environment in which the young person lives.
2. Responsive – help is available when required and to all who need it.
3. Integrated – EWMHS service delivery is embedded into a single integrated model of children’s emotional health and wellbeing and other community assets including schools and INSPIRE rather than being delivered separately or in parallel.
4. Preventative – will seek to intervene at the earliest possible opportunity to prevent mental ill health issues becoming worse
5. Resilient and capacity building – helps to support a resilient service model by building capacity through training and education.
6. Evidence Based Practice- takes into consideration local & national evidence as part of service development
7. Able to provide a single point of access – offers swift seamless navigation and support for children, parents and professional throughout the service model and system.

Together with what are determined as essential for the delivery of high quality Child and adolescent mental health services

- Involving children, young people, families and carers
- Collaboration between different organisations and services
- Innovative ways of providing person-centred care
- Improving access to services

- Education and training for staff, children and young people and their families

We will be developing a model that brings together our universal responses to ensure that children and young people can access and be directed to support whenever it is needed and to support children, young people and their families while they wait for tier 2 and tier 3 intervention

- 3.9 There is no requirement to enter into partnership agreement under section 75 of the NHS Act 2006 for Local Authorities as there is no pooled funding or delegated statutory duties.
- 3.10 The proposal for the term of this contract is seven years with the option to extend for a further three years. This is in line with the scale and size of the procurement.
- 3.11 The contract covers a minimum of 35% of children in Thurrock to have access to the service, this is the same access rate for all locality areas covered by the service specification.
- 3.12 The proposed specification requires the following key principles are factored in to the delivery of the service:
- 3.12.1 An integrated responsive and evidence based Tier 2 and Tier 3 Emotional Wellbeing and Mental Health Service across Thurrock, Essex and Southend to all children and young people aged from 0 until their 18th birthday, or 25th birthday for those service users with Special Educational Needs (SEN) and/or disabilities, including those with Education Health and Care (EHC) plans, and who require longer term mental health support (these may involve adult services where applicable and appropriate). Ensure those children and young people aged 18 years needing long term mental health support receive appropriate provision to meet their needs and have a smooth transition to adult mental health services where they meet the criteria for acceptance into adult services.
- 3.12.2 Equitable service provision for those children and young people from the more vulnerable groups, prioritised based on their mental health clinical presentation.
- 3.12.3 To provide assessment and treatment compliant with national and local standards for children and young people with emotional wellbeing and mental health disorders who meet the acceptance criteria for the service, who also present with complex physical health needs including learning disability, autistic spectrum disorder, attention deficit and hyperactivity disorder, to improve access and multi-agency intervention.
- 3.12.4 Children and Young People Misusing Substances and/or with a gambling addiction to work in partnership at appropriate levels and where clinically specified for mental health treatment.

- 3.12.5 CCG locality based Child and Adolescent Mental Health Services through the Emotional Wellbeing and Mental Health Service – including a team working in Thurrock.
- 3.12.6 A single point of access to carry out screening and appropriate directing and/or signposting for those that do not meet the acceptance criteria into other appropriate services for emotional wellbeing and mental health needs.
- 3.12.7 Out of hours and emergency care available 24/7, 365 days per year. A crisis intervention and intensive support team, which aims to prevent hospital admission for those children and young people whose mental health state requires an urgent response within 24 hours.
- 3.12.8 Offer a first appointment to all children and young people who meet the referral criteria. This first appointment, unless in unscheduled or urgent care, should be as soon as possible and no later than 4 weeks.
- 3.12.9 Provide interventions and treatments, where required and agreed with children, young people and families/carers, as soon as possible, and no later than 18 weeks from first referral, with the median experienced wait for treatment being no longer than 12 weeks.
- 3.13 The recommendation is that Thurrock agrees to continue to work as part of the Collaborative to re-commission an integrated Emotional Wellbeing and Mental Health Service from 1st February 2022 with a strategic overview across Thurrock, Essex and Southend. This provides economies of scale and the collaborative understanding the view of all three local authorities and seven CCGs whilst retaining local support. This will be the further development of the Thurrock service.
- 3.14 The changes in the health landscape being considered across Thurrock, Essex and Southend with place based commissioning being at the forefront mean that a collaborative commissioning agreement will support the ability to work across these systems. Place based outcomes via the locality teams will allow for:
- A strengthening of place-based clinical leadership
 - Accountability and quality of local health services
 - Development of relationships with local public and third sector
 - Delivery of education and training opportunities to interested parties such as GPs, schools
 - Working with key strategic partners in the locality areas
- 3.15 The ongoing provision of emotional wellbeing and mental health services for children and young people will support the work to transform the offer and better offer a seamless pathway between adult and children's support where appropriate. The work to transform mental health services through a whole

systems approach that is already underway includes a focus on these aspects.

4. Reasons for Recommendation

4.1 This recommendation provides the opportunity to:

- Continue to work collaboratively across all three local authorities and seven CCGs.
- Continue to build on the successes and learning of the collaborative since 2015 and look at the legacy of the work already undertaken to support children and young people.
- A joined up and integrated service for children, young people, families and other professionals in the system, with a single point of access and well-connected system of support.
- Economies of scale due to being part of a collaborative of ten partners and further enhance and refine delivery models.

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 This report has been submitted to Children's Overview and Scrutiny on the 2 February 2021 prior to presentation to Cabinet.

5.2 The proposal has been discussed across the Collaborative Commissioning Forum, and with the Children's Directorate Management Team. Local work to transform the Mental Health offer through a whole system approach is ongoing and this will include a focus on the pathway between children's and adult services. As this work develops, discussion will be held at the Brighter Futures Board and Health and Wellbeing Board as appropriate.

5.3 If agreed, the joint approach will include consultation with children and young people locally, especially those from vulnerable groups throughout the procurement process.

6. Impact on corporate policies, priorities, performance and community impact

6.1 This commissioning supports the following corporate priority:

People – a borough where people of all ages are proud to work and play, live and stay.

This supports delivery of:

- high quality, consistent and accessible public services which are right first time
- build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing.

- communities are empowered to make choices and be safer and stronger together.

7. Implications

7.1 Financial

Implications verified by: **David May**
Strategic Lead Finance – Children’s Services

The costs of providing safe and effective interventions associated with supporting children and young people in the community with crisis support or outreach can be considerably less than those associated with inpatient care. The provision of mental health services through a collaborative approach brings economies of scale and provides a wider range of access to services. Earlier access to services and the reduction of delays in access prevents longer term need and therefore a reduction in costs.

7.2 Legal

Implications verified by: **Courage Emovon**
**Principal Lawyer / Manager – Contracts
Procurement Team**

The Council have a statutory obligation to provide for the Health and wellbeing of its local residents and the proposals in this report reflects that duty and obligation.

The NHS Long Term Plan published in January 2019, restated the Government’s commitment to deliver the recommendations in The Five Year Forward View for Mental Health and set out further measures to improve the provision of, and access to, mental health services for children and young people.

Whilst the recommendations in this report support the delivery of mental health support for children and young people, it is noted that Legal services will be on hand to advise on any issues arising from the recommendations as and when required.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
**Community Engagement and Project
Monitoring Officer**

Under the Equalities Act 2010 Local Authorities and CCGs have a duty to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful.
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

The initial community and equalities impact assessment completed as a part of this exercise indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic. A full community and equalities impact assessment will be completed as a part of the procurement process.

7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. Appendices to the report

- Appendix 1 - Procurement Approval to Proceed to Tender – Stage 1 Form

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