

23 July 2021		ITEM: 6
Health and Well Being Board		
Child and Adolescent Mental Health Services - Procurement Update		
Wards and communities affected: All	Key Decision: Key	
Report of: Michele Lucas - Assistant Director, Education and Skills, Teresa Salami-Oru - Assistant Director, Public Health and Catherine Wilson - Strategic Lead Operational Commissioning		
Accountable Assistant Director: Michele Lucas – Assistant Director, Education and Skills		
Accountable Director: Sheila Murphy, Corporate Director Children Services		
This report is Public		

Executive Summary

This report sets the progress to date regarding the re-procurement of our Child and Adolescent Mental Health Services for Children and Young People in Thurrock. The shaping of the Thurrock delivery model within the Brighter Futures Strategy together with a review of the current structure structures in place to support our ambitious plans for a new integrated model of supporting children and young people with emotional wellbeing challenges.

The current contract has been in place since 2015 delivered through a Collaborative Commissioning Approach between the seven Clinical Commissioning Groups and three Local Authorities across the Greater Essex footprint. The current contract ends on the 31st January 2022. The re-procurement of the service commenced on 4th May 2021 in order to deliver the new contract from the 1st February 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. We also need to recognise the impact of Covid 19 on children and young people's emotional wellbeing.

The specification for the new service, which does allow 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 core elements of the Thurrock specific delivery model include:

- 1) Strong integration of the workers from CAMH's into Brighter Future's to ensure greater integration and accountability.
- 2) Local governance through Brighter Futures, inclusive of local schools, to ensure Thurrock assets are integral to the CAMH's decision making process.

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 31st January 2022. The provision of a Greater Essex CAMH's Service brings together the budgets of the three local authorities and seven Clinical Commissioning Groups (CCGs) totalling £21 million per annum.

It was agreed at Cabinet in March 2021 that Thurrock Local Authority would proceed with the procurement as part of the Collaborative Commissioning Forum recognising the significant benefit that can be derived from wider place commissioning arrangements.

1. Recommendation(s)

1.1 For Health and Wellbeing Board to be aware of the progress regarding the procurement of Child and Adolescent mental Health Services together with plans for the Thurrock model of delivery and the sustainability of that model.

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 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) 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 31st January 2022, the procurement began on the 4th May 2021 and the new contract will be in place by 1st February 2022.

3. Issues, Options and Analysis of Options

- 3.1 The development of the School Wellbeing Service and more recently the inclusion of mental health teams in schools has placed Thurrock in a strong position to consider how we would like to work in partnership with our commissioned services going forward.

The Brighter Futures refreshed strategy has identified emotional wellbeing for children and young people as a key strategic priority and a number of partnership meetings have taken place to further discuss the emerging new place based wellbeing model.

This new emerging wellbeing model is underpinned by the following seven principles of service delivery which have been developed as part of the Brighter Future's Strategy:

- 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.
- Responsive help is available when required and to all who need it.
- Integrated CAMH's 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.
- Preventative will seek to intervene at the earliest possible opportunity to prevent mental ill health issues becoming worse
- Resilient and capacity building helps to support are resilient service model by building capacity through training and education.

- Evidence Based Practice takes into consideration local & national evidence as part of service development
- 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 the above due regard will be paid to the following essential elements below 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

Our new emerging wellbeing model (**see appendix one**) 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 two and tier three intervention

- 3.5 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.
- 3.6 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.
- 3.7 The specification requires the following key principles are factored in to the delivery of the service:
- 3.7.1. An integrated responsive and evidence based Tier two and Tier three Child and Adolescent 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.
- 3.7.2. Equitable service provision for those children and young people from the more vulnerable groups, prioritised based on their mental health clinical presentation.

- 3.7.3. 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.
- 3.7.4. 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.
- 3.7.5. 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.
- 3.7.6. 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.
- 3.7.7. 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.
- 3.7.8. 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.
- 3.8 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
- 3.9 The ongoing provision of Child and Adolescent Mental Health services for children and young people will support the work to transform the offer with 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 and includes a focus on these aspects.

Next Steps

We are currently looking at how we refocus the work of the SWS to ensure that they can provide a central point for early intervention. The SWS partnership has recently developed a network of local providers and we are working with our key partners to further refine the model and look at ways in which we can begin to test and learn going forward.

Funding for the SWS remains a risk – we have secured funding for a further two years however this is something that we will continue to review going forward.

Continue to utilise the wider partnership to review and refine the model in readiness for the new provider coming on line in January 2022.

Develop a multi-agency panel to review referrals and signpost to services based on needs identified.

Continue to imbed the training and upskilling of school based staff to offer a strong early offer of support to children, young people and families

Develop a range of parent/carer programmes to support with emotional wellbeing challenges.

4. Reasons for Recommendation

For Health and Wellbeing Board to be aware of the progress regarding the procurement of Child and Adolescent mental Health Services together with plans for the Thurrock model of delivery and the sustainability of that model.

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

- 5.1 A report recommending continuation of the Collaborative Agreement and agreement to the procurement was submitted to Children's Overview and Scrutiny on the 2nd February 2021 and presentation to Cabinet in March 2021. Agreement was received.
- 5.2 The Thurrock way forward 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 the Health and Wellbeing Board as

appropriate.

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: **Becky Lee**

Team Manager -Community Development and Equalities– Adult's, Housing and Health

In line with the Equalities Act 2010 and Public Sector Equality Duty, public authorities including CCGs must give due 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, sex, and sexual orientation.

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 protected 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



Test and learn
integrated pathway Ju

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