**Appendix B** 

## Procurement for Children & Young People's Emotional Wellbeing and Mental Health (CAMHS) Contract

Southend, Essex & Thurrock Children & Young Peoples Emotional Wellbeing & Mental Health Collaborative

#### People and Families Scrutiny Committee 7<sup>th</sup> December 2020

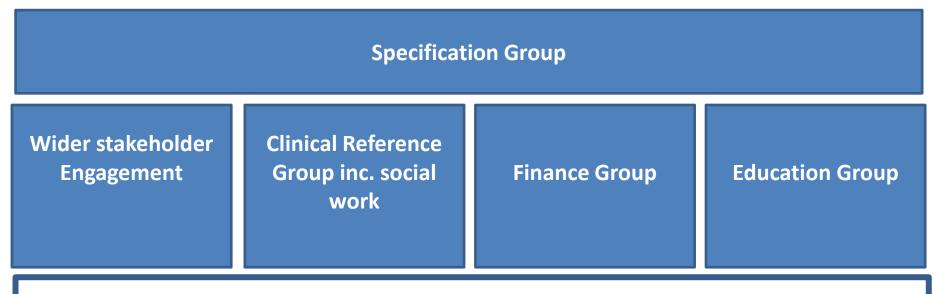


## Overview

- Children and Young People's Emotional Wellbeing Services in Greater Essex are commissioned collaboratively by ten partners – the three Local Authorities in Southend, Essex and Thurrock and the seven Greater Essex CCGs
- West Essex CCG is the Lead Commissioner and the commissioning is overseen by the Collaborative Commissioning Forum
- The current contract value is £14.1m per annum, of which ECC contributes £1.9m
- Work is underway to commission a new service from 1<sup>st</sup> February 2022

# **Stakeholder Engagement**

- Engagement commenced in late 2018 and has included both internal and external consultation
- Within ECC, operational colleagues from both children's social care and education have taken a key role in a range of forums, including a specific education group
- These forums fed into five key groups, all of which included ECC representation



Procurement of new children and adolescent mental health service

# **ECC Social Care and Education**

Via these forums, ECC stakeholders agreed the following 'requirements' for the new service:

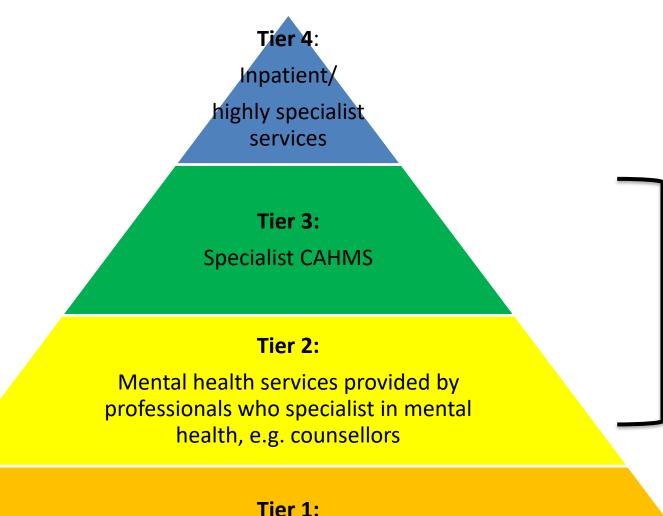
#### **Collaborative Commissioning**

ECC to remain in a collaborative (CCF) arrangement with the CCGs and UAs. This puts is in a unique position to mobilise the whole system (Family Solutions, Children's Social Care, Education, Commissioned Services) and provides better connections with schools, the CVS, District Councils, Police and the wider community.

#### **Headlines for New Service requirements**

- Must emphasise outcomes for children, young people and their families
- Improved outreach and inclusion, removing perceived barriers and prejudices if children and young people need to access support
- Must ensure access to services for the most vulnerable cohorts
- Must ensure access to more intensive provision where appropriate
- Must ensure good transition between children's and adult MH services
- Must ensure high, continuing levels of collaboration across the system
- Must include the provision of Approved Mental Health Practitioners (AMHP's) as part of the contract

## What will this contract cover?



Universal mental health services provided by professionals who do not specialise in mental health, e.g. teachers

## **Current Service**

It is not anticipated that the current service offering will be changed, we are very much anticipated building upon the service provision that we have and ensuring that the new service is responsive and able to change over time in line with trends and service provision requirements.

The current provision is

- x7 Community Hub Teams x3 Intensive Support Teams
- (crisis teams)
- X1 Eating Disorder Service
- X1 Learning Disability Service
- X1 Single point of access (SPA) service

X1 out of hours service (out of hours SPA)

#### **Current hub locations**



## **Expansion of the current service**

- An integrated responsive and enhanced Tier 2 and Tier 3 Emotional Wellbeing and Mental Health Service across Southend, Essex and Thurrock
- Paediatric liaison and joint assessments where appropriate
- Consultation, advice, support and training to the full range of Providers delivering children and young people's services
- A crisis intervention and home based treatment service which aims to prevent hospital admission for those children and young people
- Equitable service provision for those children and young people from the more vulnerable groups, prioritised based on their clinical presentation
- To improve access and outcomes and prevent breakdown of placements i.e. children in care, children looked after (where possible)
- To provide Assessment and treatment compliant with national and local standards for Children/Young People Misusing Substances and gambling addiction through partnership working



# 24/7 urgent mental health helpline

- Advice and support for children and young people, parents and carers, and other professionals including schools and GPs
- Help to with speak to a mental health professional
- An assessment to help decide on the best course of care

## Home treatment team

- Provide a short term intensive intervention to prevent deterioration will avoid the need for inpatient care
- Provide home assessment, treatment, intervention and/or support as an alternative to hospital admission.
- Provide support to the care co-ordination function of the generic CAMHS teams to ensure appropriate service access and management of acute relapse.
- Provide short-term interventions and management of a young person's care during the period of acute relapse, including signposting to other services or other support services.
- Continue until the crisis has been resolved.

## **Early Mental Health support**

The Early mental health support will provide information, advice and consultation to the wider children's workforce, parents and young people as part of the early mental health support offer. Empower the child and parent to support mental health requirements, improving resilience and being better able to support mental health needs in the future.

For those who need a targeted intervention, a range of evidenced based interventions will be offered. These will include, but not limited to:

- Cognitive Behavioural Therapy (CBT)
- CYP IAPT with direct referrals from GP, social care etc
- Brief Solution focussed Therapy
- Problem solving techniques
- Family work e.g family conferencing, family based interventions
- Social prescribing model referral, personal health budgets

- Help and support for Young carers
- children on the edge in care, children in care, care leavers, young carers and children who have been adopted
- Coaching programmes for parents e.g Triple P
- Positive behaviour support/trauma informed support

The length and number of the interventions will be based on an evidenced approach and best practice and will not be limited to a set number of sessions where the clinical indication is that an individual would benefit from further input



## **Specialist Mental Health Support**

The service will see, assess and treat as appropriate children and young people where there are concerns around the following mental health problems:

- Emotional and behavioural disorders (moderate to severe)
- Conduct disorder and oppositional defiant disorder
- Eating disorders
- Self-harm
- Suicidal ideation
- Dual diagnosis including comorbid drug and alcohol use, the service would be expected to work in conjunction with substance misuse providers; gambling addiction
- Attachment disorders
- Post-traumatic stress disorders and trauma (lower level- specialist provision referral via NHSE)
- Significant mental health problems where there is comorbidity with mild/moderate learning disabilities or comorbid physical and mental health problems
- Mood disorders
- Anxiety disorders
- Psychotic illness (Young people with first symptoms of psychosis will be referred to the Early Intervention in Psychosis Service, this would require joint partnership working and shared care protocols)
- Obsessive Compulsive Disorder (lower level, referral to specialist provision will be via NHSE)
- Neurodevelopmental disorders ASD, ADHD, will be seen by the service provided there were co-morbid mental health needs identified
- Agreed approach to those who have tics or tourettes with an associated with a mental health disorder will need to be in place between the provider and the Community Paeds provider (which will vary across Essex)



#### **Eating Disorders**

#### NICE-concordant assessment and treatment

improve links and shared protocols with paediatrics

reduce barriers to early intervention (freed)

clinical intervention processes in place for monitoring bloods and ECG's

Provide education to other professionals where required

expected to work to new and emerging policy guidance & new care models which relates to and links with Eating Disorder

# CAMHS LD with MH Team/CAMHS ASD with mental health

- To promote positive mental health and provide care and support to children and their families in the most appropriate setting, (e.g. client's home, school, health centre etc.).
- To provide a flexible, multi-disciplinary, community based service with easy access to a range of professional skills and treatment.
- To provide consultation and support to other agencies and professionals working in the field of child health and welfare, who may have contact with children with a learning disability or ASD and their families.
- To provide a service which demonstrates a holistic and integrated approach, working in a multi-agency model, taking into account social, education, housing, relationship and health needs.
- To develop pathways for smooth transition between specialist EWMHS and Tier 4 in conjunction with TCP



### **Offer to Local Authorities**

#### Joint working

The service will adhere to the Care Programme Approach (CPA) and allocate care cocoordinators who will coordinate the assessment, care planning, reviews and discharge planning

CAMHS will have joint meetings with the relevant LA Childrens Services to discuss complex cases Step down/up

Discussion will include step up or down for individual children and young people (where appropriate)

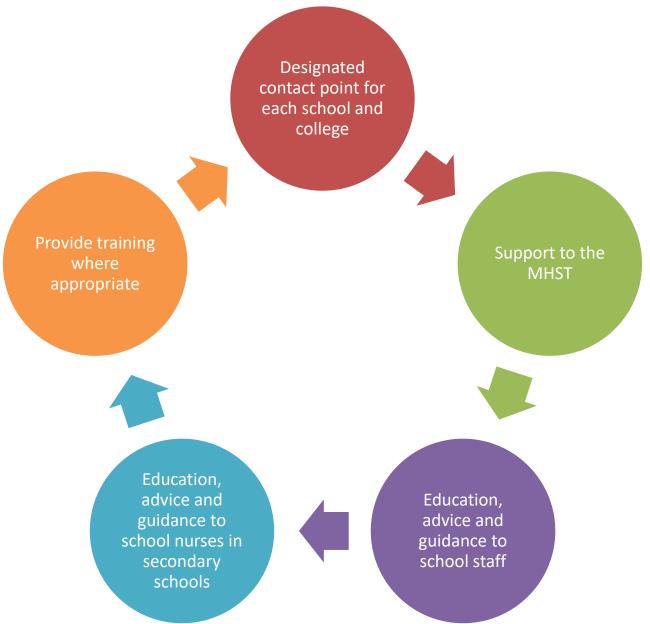
The two services will have regular contact to discuss who will be best placed to offer an intervention and joint assessment and treatment (where appropriate)



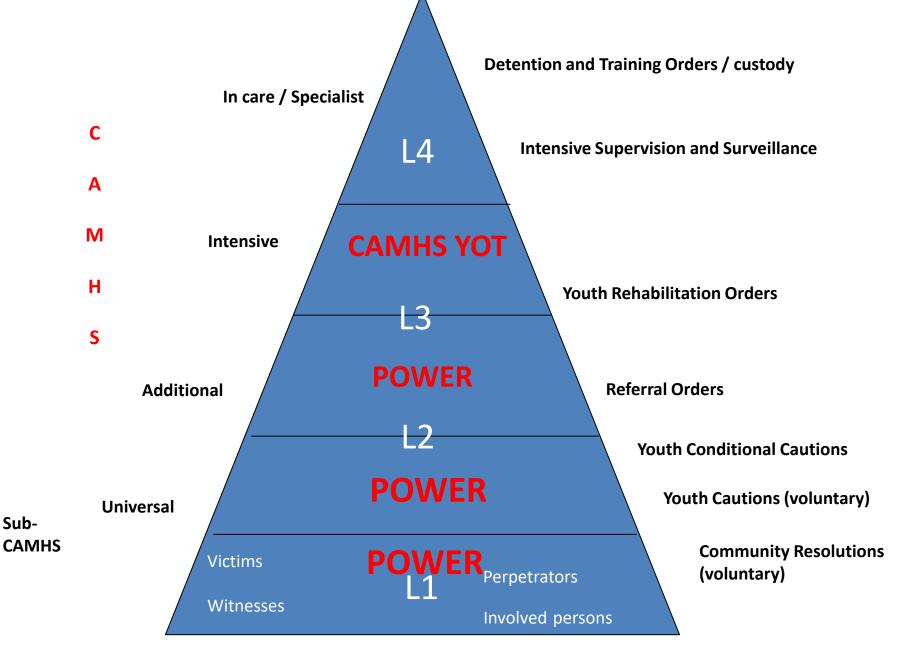
Inclusion on the AMHP Rota

Manage Community Treatment Orders (CTOs),

#### **Offer to Education**



#### Mental health provision for Youth Offenders

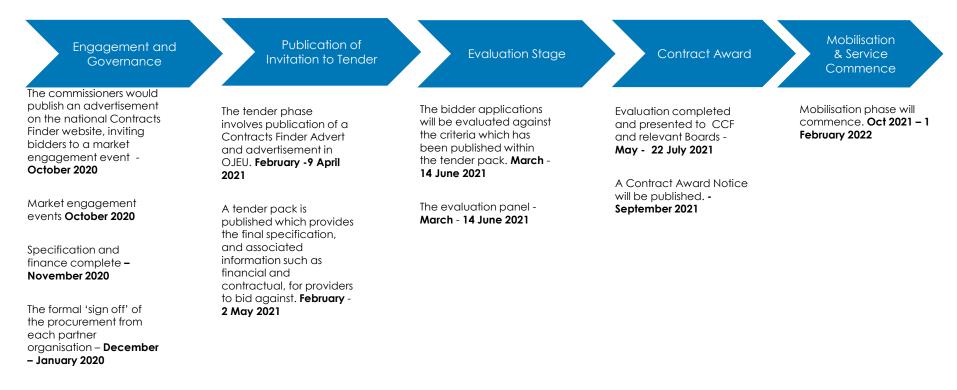


#### **Procurement Timeline**



The collaborative elements of the procurement process have also included comprehensive engagement with parent/carers, internal engagement events with each partner lead by each commissioner, Children in care or on the edge of care and young people with mental health issues

There have also been professional engagement with education, clinical leads, finance directors and commissioners from each organisation, these have been lead through the procurement sub groups.



#### **Questions to Committee Members**

Do Members have any questions or want any additional information about what has been presented today?

How can officers keep you informed on our progress? And what is the best way to do this?