

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

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YOUNG PERSONS WELLBEING SERVICE SERVICE MODEL AND HIGH LEVEL SPECIFICATION

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Summary

This report provides an update to Committee members on the recent consultation process relating to a Draft Service Model for a Medway Young Person's Wellbeing Service.

At a meeting of the Children and Young People's Overview and Scrutiny Committee on 3rd March 2016, Members considered a Draft Service Model for a new Medway Young Person's Wellbeing Service to be commissioned in place of existing CAMHS provision (currently commissioned jointly with Kent County Council and Kent CCGs at Tier 3 and through Medway Council at Tier 2). The recommendation from NHS Medway CCG was that this service change constituted a Substantial Variation to Healthcare.

The Committee agreed with the officer recommendation that a 12 week public consultation and market engagement exercise should be initiated to test the Draft Service Model, prior to finalising specifications and initiating a procurement exercise. It was also agreed that the feedback from this consultation and a revised Service Model and High Level Service Specification would be reported back to the Committee in the Autumn for final comment and feedback, prior to a report to Medway Council's Cabinet on 25th October 2016.

Appendices to this report include:

Appendix 1 – Summary of consultation and proposed changes to the Draft Service Model

Appendix 2 – Final Service Model and High Level Specification

Appendix 3 – Procurement timeline

1. Budget and Policy Framework

- 1.1 The Medway Council Plan 2016/17 to 2020/21 includes the aim that children and young people have the best start in life in Medway, including the

commitment to work with partners to ensure the most vulnerable children and young people are safe.

- 1.2 The Joint Health and Wellbeing Strategy for Medway 2012-2017 sets out five strategic themes, including working together to give every child a good start (Theme 1) and improving physical and mental health and wellbeing (Theme 4).
- 1.3 Priorities in relation to the health and wellbeing of children and young people are set out in the Medway Improvement Plan, Early Help Strategy, the Looked After Children Strategy (2015/18) and Medway Clinical Commissioning Group Commissioning Strategy and Two Year Operational Plan (2015-16).
- 1.4 Currently the combined annual direct expenditure on Medway CAMHS services by Medway Clinical Commissioning Group (CCG) and Medway Council is in the region of £1,700,000. This figure does not include Council and School expenditure on 'universal services' in schools; current Public Health education and promotion programmes; Medway CCG expenditure on the Looked After Children nursing service; peri-natal mental health provision; and other specialist services. The CCG has also agreed considerable interim investment for Tier 2 and LAC CAMHS through additional Local Transformation Plan (LTP) monies from NHS England.
- 1.5 It is anticipated that with increased LTP investment and the inclusion of other ancillary services, the financial envelope for the Medway Young Person's Wellbeing will be in the region of £2,500,000 per annum.

2. Background

- 2.1 At a meeting of the Children and Young People's Overview and Scrutiny Committee on 3rd March 2016, Members considered a Draft Service Model for a new Medway Young Person's Wellbeing Service to be commissioned in place of existing CAMHS provision (currently commissioned jointly with Kent County Council and Kent CCGs at Tier 3 and through Medway Council at Tier 2). The recommendation from NHS Medway CCG was that this service change constituted a Substantial Variation to Healthcare.
- 2.2 The Committee agreed with the officer recommendation that a 12 week public consultation and market engagement exercise should be initiated to test the Draft Service Model, prior to finalising specifications and initiating a procurement exercise. It was also agreed that the feedback from this consultation and a revised Service Model and High Level Service Specification would be reported back to the Committee in the Autumn for final comment and feedback, prior to a report to Medway Council's Cabinet on 25th October 2016.
- 2.3 A detailed summary of the consultation feedback and the resultant changes to the Draft Service Model is included within **Appendix 1**.

3. Options

- 3.1 The Final Service Model and High Level Specification (**Appendix 2**) sets out in some detail the overall scope of the service to be procured, as well as clarifying the expectations of the service provider in the delivery of services across the full continuum of support for Children and Young People's Emotional Health and Wellbeing. The High Level Specification will be included within the first stage of the Procurement Process (Pre Qualification Questionnaire – PQQ) and form the basis on which prospective Lead Providers may decide whether to express an interest in delivering the service. More detailed service specifications, together with KPIs and a detailed pricing model will be developed in time for the second stage of the procurement process (Invitation to Tender – ITT) timetabled for January 2017.
- 3.2 The planned procurement timeline is set out in **Appendix 3**.

4. Advice and analysis

- 4.1 The Final Service Model and High Level Specification has been developed over an extended period, building on the key principles agreed through the adopted Children and Young People's Emotional Health and Wellbeing Strategy in June 2015, the Medway Local Transformation Plan agreed and assured by NHS England in November 2015 and in response to extensive public and stakeholder consultation on a Draft Service Model between April and July 2016.
- 4.2 The Specification is ambitious and in the view of commissioners represents an excellent opportunity to realign a range of closely related support services for children and young people (0-25) and to address a range of known shortcomings and gaps in existing provision.
- 4.3 Early market engagement has been positive with several prospective Lead Providers informally expressing an interest in tendering for the service. Medway Commissioners are also continuing to work closely with colleagues in Kent to ensure that, wherever possible, services are compatible and that specialist pathways and provision, for example, Eating Disorders, support for Medway Looked After Children placed in Kent and the provision of Section 136 Place of Safety are properly aligned.

5. Risk management

- 5.1 Children and Young People's Emotional Health and Wellbeing services (including CAMHS) are subject to significant national scrutiny at the current time. The Final Service Model and High Level Specification has been developed in line with Medway's agreed Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan both of which respond to national guidance and have been fully assured by NHS England.
- 5.2 The advantages of a fully integrated Medway Young Person's Wellbeing Service, built around the mental health and emotional wellbeing needs of Medway children and young people are clearly described in the Local

Transformation Plan and Service Model. Equally, there are some well documented risks associated with breaking from the joint Kent and Medway delivery model. These include reduced economies of scale, the willingness of the market to engage with the Service Specification on a Medway population footprint and the need to secure clear pathways between Medway and Kent services, for example, crisis/acute pathways and support for Looked After Children placed in Kent.

- 5.3 These risks are managed and documented through the CCGs risk and assurance processes and have been substantially mitigated through early market engagement and consultation. Commissioners believe there to be significant interest in the Medway Service model, and ongoing dialogue with Kent commissioners will ensure cross-border service provision is aligned and compatible.

6. Consultation

- 6.1 Extensive consultation has been undertaken at various stages in the development of the Service Model and High Level Specification, notably in 2014/15 in the development of the Medway Children and Young People's Emotional Health and Wellbeing Strategy and during the spring/summer of 2016 in respect of the Draft Service Model and Substantial Variation to Healthcare. Most importantly, consultation and engagement has included children and young people and their families/carers at every stage.

- 6.2 The case for change has been widely accepted and through iterative dialogue, commissioners are confident that the Final Service Model contains the necessary elements and inter-relationships to bring this service transformation about.

- 6.3 A detailed summary of the recent consultation and resultant changes to the Draft Service Model is included within **Appendix 1**.

7. Discussion at Health and Wellbeing Board

- 7.1 The Health and Wellbeing Board considered this report at its meeting on Tuesday 13 September and this section of the report summarises the discussion at the meeting.

- 7.2 The Assistant Director, Partnership Commissioning referred to the Board's consideration of a Draft Service Model in March 2016 setting out the proposed delivery model for a Medway Young Person's Wellbeing Service. The new service would replace the existing Child and Adolescent Mental Health Service (CAMHS) and would be commissioned on a Medway footprint rather than Kent and Medway. She reported the key feedback and findings from a 12 week consultation and engagement process which revealed a high level of support for each of the core design principles. The report summarised the proposed key service changes and a series of further suggested refinements to the Draft Service Model in response to the consultation feedback.

- 7.3 The Assistant Director, Partnership Commissioning also reported that the annual refresh of the Medway Local Transformation Plan was due, in line with

ongoing NHS England assurance requirements, and directed Board members to the Year 1 Delivery Plan Update appended to the report. This had been updated to reflect the significant progress that had been made. Feedback from NHS England on Medway's original LTP submission in 2015 had been very positive. The Year 1 Delivery Plan Update reflected the substantial progress made against the key actions over the last 12 months. There was no prescribed format for the annual refresh of the plan which was required to be published on the CCG/Council website by 31 October 2016. Board members were invited to comment and/or seek clarification, prior to publication.

7.4 Members of the Board raised a number of issues which were responded to as follows:

- The supportive feedback from the consultation was welcomed and it was now important to deliver the service model in a cost effective way. The Board was advised that there had been proactive engagement with schools in the development of the new service model, including work to develop an agreed outcomes framework for services provided by schools to support pupils with emerging emotional health and wellbeing concerns. The new commissioned service would continue to provide primary mental health advice and support through established processes e.g. In School Reviews as well as informal advice on strategies and interventions to ensure pupils receive the right support at the right time.
- It was suggested that embedding social workers within schools would help the early identification of issues which would enable timely, cost effective, intervention. The Board was advised that plans to place social workers in the new pod structures were well advanced and it was expected that this would make a significant difference.
- It was recognised that many respondents to the consultation had highlighted the need to improve speed of access to support. Clinical Commissioning Group and NHS England investment had helped reduce waiting times, particularly between referral and assessment, and it was envisaged that the flexibility of the new Medway only service would lead to a further reduction in waiting times between referral, assessment and treatment.
- With reference to the practical issues set out in the report that needed to be considered prior to going out to tender, the Board was assured that, in planning for the new service, a period for mobilisation had been built into the process.
- In response to a question concerning the engagement of young people, it was reported that a Medway Young Persons Group had been formed, which included a representative of the Medway Youth Parliament. The next step would be to involve children and young people in the service evaluation process.
- The importance of seeking the views of service users was recognised and the Board was assured that consultation would continue as the new service progressed. One advantage of a Medway only model was that it could be more responsive to feedback.

7.5 The Board:

- Noted the report and appended findings from the Children and Young People's Emotional Wellbeing survey 2016 and made observations prior to the final service model being reported to Children and Young People

Overview and Scrutiny Committee and Medway Council's Cabinet. It was noted that detailed service specifications and tender documentation would be based on this model.

- Noted the Year 1 Delivery Plan Update for the Medway Local Transformation Plan, prior to publication of the final version on the Council and Clinical Commissioning Group websites in October 2016.

8 Implications for Looked After Children

- 8.1 A key focus of the revised service model will be a stronger emphasis on - and dedicated support for - fostered, looked after and adopted children.
- 8.2 The service will be required to provide specialist assessment, including court directed assessments and to provide therapeutic interventions and behavioural support programmes for looked after and adopted Children and Young People with emotional wellbeing and mental health problems. These would take account of attachment and identity disorders, fragmented families, and the impact of maltreatment including trauma, loss and separation. This includes working with foster carers, residential care workers, family support workers, social workers, the LAC nursing team and health visitors as well as key workers or personal advisors to enable more intensive therapeutic approaches to be adopted to support for children and young people whom have very complex needs where there is a high risk of placement breakdown

9 Financial implications

- 9.1 The financial envelope for the new service has been agreed in principle by the Joint Commissioning Management Group (JCMG) comprising senior officers from Medway Council Children and Adult's Directorate and NHS Medway CCG. The funding will encompass that which is already committed through the various services subsumed within the new service model, together with additional funding from NHS England in support of Medway's Local Transformation Plan.
- 9.2 Officers from the Council and CCG are also discussing possible approaches to pooled funding arrangements for the new service, so as to provide adequate assurance around funding commitments, both as joint commissioners and also for the benefit of prospective service provider(s).

10 Legal implications

- 10.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and

Scrutiny Committee for the purposes of the consultation and only that Committee may comment.

10.2 The terms “substantial development” and “substantial variation” are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a “substantial development” or “substantial variation”.

10.3 The recommendation from NHS Medway CCG was that this service change constituted a Substantial Variation to Healthcare which the committee is asked to note.

11. Recommendations

11.1 Members are asked to:

- i. note the progress made since the last report
- ii. make any comment and recommendations prior to final sign off by Cabinet on 25 October 2016
- iii. recommend Cabinet to approve the Final Service Model and High Level Specification, as attached at Appendix 2.

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Appendices:

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Background Papers:

None

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Medway Young Person's Wellbeing Service

Consultation on a Draft Service Model

1. Methodology and approach

1.1 A formal consultation process started on Friday 6 May 2016 and finished on Friday 29th July 2016.

1.2 The aim of the consultation was to establish:

- If respondents understood why we are proposing to change the way we deliver young people's emotional and mental health services
- Which of those areas of support are most important to them
- The role that respondents felt schools, academies and further education establishments should play in the new arrangements
- What else we need to consider before making final decisions

1.3 Just over 500 surveys were sent out to those that had used the tier two and three services within the last 12 months. Users of the substance misuse service were also invited to give their views. To help promote the consultation further posters were sent out to all Medway GPs and pharmacies.

1.4 Respondents could choose to complete a paper survey and return in a pre –paid envelope, complete the survey online, telephone (which one respondent did) or email their comments.

1.5 A webpage was also set up that gave those that were interested further information on what was being proposed. There were 350 views to this page. The online survey link was sent to all Medway schools and professionals working with the emotional wellbeing service.

1.6 There were a total of 137 respondents to the survey, of whom 69% had either used the service or looked after someone who had.

2. Key feedback and findings

2.1 A summary of responses, by interest group, is below, but the headlines are:

- The high level of support for each one of our core design principles
- The overwhelming importance to so many respondents of dramatically improving speed of access to support
- The level of consensus about how the design principles can be implemented, i.e. sharing expertise and information, designing services around young people's needs, thinking about continuing care and working with families

From a focus group of children and young people who have used either CAMHS or emotional support services

2.2 Feedback from children and young people has highlighted the value they place on direct access to advice and also support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

From potential providers of services, who attended an event in June to explain the proposed changes

- The Single Point of Access is critical. Without careful thought, it can become clogged with referrals which are not appropriate, so thought needs to be given to limiting this risk
- It will be extremely beneficial to have unified principles and greater alignment and integration of delivery. This presents the opportunity for a genuinely multi disciplinary approach across disciplines and services
- This is an ambitious and exciting service model, but we will need to work creatively through a whole system approach to ensure it is affordable. Some areas of work are especially resource intensive and although combining a wider range of services within a single envelope offers opportunities to invest in appropriate preventative strategies, we all need to understand the dynamics and risks involved
- A range of practical issues, which we need to give consideration to and indicate our position once we go out to tender. These were:
 - (i) TUPE implications across several organisations, with a greater number of services now within the umbrella of this contract – and the potential for delay in mobilisation
 - (ii) integration of different reporting systems
 - (iii) data and information sharing
 - (iv) assumptions about buildings and premises
 - (v) the implications of the need for providers to establish delivery consortiums from scratch
 - (vi) transition of existing users in the 19-25 age group on commencement of the new contract

Summary of responses by interest group

2.3 **Users and their families** are especially keen to see improvements to communications and clarity about who is doing what. This applies both to information about service availability and improved levels of contact and information once a referral has been made. They strongly feel that we should take the opportunity to deliver all support for emotional and mental health needs in a continuum where practitioners communicate with each other and offer some level of support to children and their families once the treatment phase has ended.

- 2.4 Speedier response times are a big issue for this group, though it is striking that families are as dissatisfied with lack of communication from the current CAMHS service as with the length of the wait for treatment.
- 2.5 The hope was expressed that mental health needs could be prioritised more and that schools might be more proactive in offering support to children who are likely to be affected by their situation, for example if they have been bereaved or are a carer; or are transferring to secondary school, having had additional support in the primary phase.
- 2.6 Finally, they talked about trust. The importance of gaining the trust of children and young people in order to be able to meet their emotional needs; of respecting confidentiality; and practitioners delivering what they say they will do. This also applies to not over promising on the service overall.
- 2.7 **School based staff** would also like to see quicker response times and better communication with specialist mental health workers.
- 2.8 Schools overwhelmingly support the concept of reducing escalation of demand through prevention, early intervention and increasing awareness of emotional and mental health issues. They believe that this is only possible, however, with better professional development for school based staff in each of these areas and with greater provision of more specialist support, for example from primary mental health workers, within school.
- 2.9 School based staff would also value additional support from and contact with practitioners working with pupils who have more severe mental health needs.
- 2.10 **Practitioners in partner agencies** also strongly supported the provision of better advice and professional development for school based staff, so that issues do not escalate, along with more preventative, universal support for children and young people.
- 2.11 As with other groups, they responded that the speed of access should be improved. This group felt particularly strongly that it should be possible to provide immediate access to support for young people and that initial assessments should be fast tracked to assess risk and ensure children and young people are not left trying to manage quite difficult situations and emotions. They also felt that this system needs to be as simple and clear as possible from the user's point of view.
- 2.12 This group is strongly in favour of an holistic approach to support, that includes the family where appropriate and makes use of other expertise, for example in parenting support, to build resilience. They also felt that a nominated mental health worker should be the point of contact for colleagues and the family.

Role of schools

2.13 This was a distinct question within the survey. It is highlighted here because of the very strong level of agreement among all of the interested parties, including schools, about what this should mean:

- Provision of an effective universal offer, supported by ongoing training and support and good links to more specialist provision;
- Ideally placed to coordinate support, for families as well as their pupils - but other services (not just those to support emotional wellbeing) need to be more willing to offer their time and expertise; and
- Fuller involvement of schools in decisions about how the continuum of support works.

2.14 A large number of respondents recognised that current weaknesses in the system may be in part to do with funding shortfalls in the face of high demand. Proposals to integrate different parts of the system more purposefully were partly intended to ameliorate the funding issue.

3. Summary of main proposed changes against the existing operating model

3.1 A Draft Service Model formed the basis of the consultation and provided stakeholders with a detailed description of how commissioners felt the new service could be structured, together with operational functions and service standards. The Draft Service model was developed in line with the key principles ascertained through the development of Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan. These included the following:

3.2 The key service changes proposed included:

- The services we wish to commission should be provided in the context of the whole continuum of support, requiring potential providers to set out how they will develop strong links throughout the continuum
- The service provider will support early intervention services through joint working and in-reach, thus improving access to support; mutual understanding; and communication between specialist mental health practitioners and schools and GPs
- Primary mental health workers will be more accessible and better integrated with schools and community based services, to create a more seamless escalation from early intervention services, where necessary
- The inclusion of additional services in the delivery model, specifically: substance misuse support; post abuse support, including the young person's IDVA; support dedicated to harmful sexualised behaviours; Place of Safety for short term disturbed or violent behaviour; and participation in multi disciplinary neurodevelopmental assessment and parental support. This will enable a holistic approach where children and young people have multiple needs; and reduce duplication
- A whole family approach, whereby we proactively seek to resolve any issues in a child or young person's environment that are impacting on their emotional

wellbeing; offer support to parents; and provide dedicated support to parents whose children have neurodevelopmental conditions

- Primary Mental Health services will be provided to young people up to a young person's 19th birthday and to age 25 for continued support if needed, thus obliging the provider and adult mental health services to work together to ease transition
- Effective IT support for the Single Point of Access; and the provision of information throughout the system about the support that is available
- An option for self-referral and a quick response through online, telephone and drop-in support
- Greater emphasis on - and dedicated support for - fostered, looked after and adopted children

3.3 All of the above key principles were further endorsed in response to consultation.

3.4 The following refinements to the Draft Service model are proposed in response to consultation feedback:

Interface with schools and academies in relation to the commissioning of emotional health and wellbeing support

3.5 In order to assist schools and academies, Medway Council have developed an Outcomes Framework with school and academy clusters as commissioners and providers of support for emerging emotional wellbeing issues to:

- help match provision to the outcomes that need to be achieved for children and young people
- enable measurement of outcomes and
- describe the impact that expect services at this level should have, so that there are shared expectations

3.6 Desired outcomes for individual children and young people within the Framework have been identified as:

- Young Person has developed the awareness to understand other people's motivations, feelings and emotions
- Young Person has confidence and motivation to be able to initiate, develop and sustain mutually satisfying relationships with (i) family and (ii) peer group
- Young Person has insight to discuss own feelings and understand their emotional stimuli
- Young Person has understanding to recognise their own anxiety and manage it
- Young Person has understanding of the importance of offering support to others and being able to accept help
- Young Person has strategies to manage own anger and to moderate behaviour
- Young Person has developed good self esteem, self belief and self worth

3.7 In the new model, as previously described, the primary mental health service would provide an effective liaison role with schools in the development of a consistent 'local offer' in relation to this Outcomes Framework, including supporting commissioners in identifying ongoing workforce development needs and monitoring outcomes. A partnership approach will ensure the best use of each individual organisation's resource and means that we are not just pooling financial resource, but combining knowledge, expertise and understanding to develop a system to which all partners are committed.

Website based, telephone and drop-in support

3.8 Feedback from children and young people has clearly highlighted the value placed on direct access to advice and support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

3.9 Research into delivering therapy online has shown that this way of working is as effective as face-to-face therapies and it's thought that it would add significant value to a system where there are currently limited choices to support young people to take proactive steps to manage their own emotional health and wellbeing without recourse to formal services.

3.10 The revised service model therefore proposes an online counselling resource which young people view as credible and trustworthy and with a mix of booked appointments and drop-in sessions to ensure a greater throughput of clients. Such a service could enable Young People to communicate in chat rooms, through message boards, use blogging and access local news and events. Counsellors would be specially trained to work online with vulnerable young people, delivering evidence-based interventions.

3.11 Feedback has also highlighted the value placed on more informal drop-in advice sessions. This need can be addressed in part by continuing to upskill schools and the wider workforce so that better support can be made available in universal settings. The service would, however, be asked for other innovative approaches to reach young people outside of a formal referral and appointments process. This will be particularly pertinent for substance misuse services.

Single point of access

3.12 Regardless of the role of the provider in delivering the Single Point of Access (SPA), it's been highlighted that the SPA would need to include an IT and referral management system that interfaces effectively with Frameworki, the Medway Council Social Care IT system, so that children and young people can be effectively tracked and supported across services.

3.13 As well as performing an initial assessment, triage and resource allocation/signposting function, the SPA would also be responsible for initiating a

review, once a child had been seen within the service for approx. 24 weeks. The purpose of this review would be to:

- ensure that Medway Council is aware of numbers of Looked After Children that continued to receive a service beyond 24 weeks
- clarify outcomes to date and
- co-ordinate plans going forward

and above all else, we will need to set targets for the time taken to assess young people that incentivise providers to include drop-in sessions and regular liaison with clusters of schools and primary health care providers.

Integration of Primary and Specialist Mental Health Service

3.14 The Draft Service model described a clear delineation between the Primary and Specialist Mental Health functions (i.e. Tier 2 and Tier 3 within the existing service). Feedback during consultation has highlighted that separating these functions has been instrumental in some of the difficulties faced within the current service i.e. multiple points of access and difficulty in tracking and monitoring young people within the system. The revised service model therefore describes an integrated function with greater flexibility for prospective providers to describe the interoperability of those functions.

Crisis response service

3.15 Feedback from market engagement has suggested that the specified requirement within the Draft Service model was too prescriptive. There are many potential demands on this aspect of the service, supporting distressed children and young people and their families e.g. psychiatric liaison with A&E and paediatric departments, providing a timely response to S136 suite, supporting young people in crisis and liaising with Tier 4 (inpatient) commissioners and service providers regarding potential admissions and step-down from these settings into the community. Providing all of these components cost effectively on a Medway footprint will present a challenge and it is therefore recommended that these aspects of the service are described in a more outcomes focused way within the model and resulting service specifications. This will allow for prospective providers to shape a provision best suited to meeting these varied demands on a Medway footprint.

Multi-disciplinary neurodevelopmental assessment

3.16 For the purposes of the new service model, it is proposed to continue the current age parameters for assessment and diagnosis i.e. 0-11 within Community Paediatrics and 11+ (secondary school age) within the Emotional Wellbeing Service.

3.17 The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Additional services, including the positive behaviour, family support service described below.

3.18 Joint working with the Community Paediatric service to agree protocols around the assessment, diagnosis and treatment of these children will be required under the contract, particularly in the case of complex and co-morbid conditions where it may be necessary to provide ongoing therapeutic input across these two services. In order to achieve this, Community Paediatrics and the Emotional Wellbeing Service will be required to dedicate resource to a virtual multi-disciplinary team.

Positive behaviour support

3.19 A significant item of feedback from the consultation has been the identification of a service gap across the Council and commissioned services relating to positive behaviour support services to help families and carers to cope effectively with children and young people presenting with challenging behaviours. This is linked to the requirement for an improved multi-agency approach to neurodevelopmental conditions described above.

3.20 Whilst some provision exists across various services, it tends to be dependant on diagnosis e.g. learning disability, mental health or neurodevelopmental disorder. Feedback has suggested that often it is the behaviours which manifest themselves as a result of underlying conditions which impact on the ability of families and carers to cope, rather than necessarily the condition itself. Some of the services have quite a clinical focus and it's suggested that this resource could be better focused providing clinical advice and support to specialist family and behaviour support workers, working alongside families who may have multiple needs, rather than necessarily case-loading families themselves.

3.21 Commissioners are exploring various options to encompass such provision within the scope of the Young Person's Emotional Wellbeing Service and parallel 0 to 19 health service commissioning.

Eating Disorders

3.22 The Draft Service Model and associated reporting, highlighted concerns about the ability of Medway to address mandated service transformation in relation to children and young people's eating disorder services. This is because the national service model and commissioner guidance is predicated on an all-age population of >500,000 people.

3.23 Subsequently, Kent and Medway CCGs have agreed to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. The service will clearly need to interface closely with the Young Person's Emotional Wellbeing service but the provision will be outside of the scope of this contract.

3.24 The Kent and Medway all age community eating disorder service specification focuses on early specialist intervention, and will provide the following improvements to service provision:

How things are now	The new model
Separate children's and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

Key components of the proposed new service will be:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment
- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

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**Medway Young Person's Wellbeing Service
Final Service Model and
High Level Service Specification**

Draft

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1. Introduction and core principles

In Medway, we want to support children, young people and their families as they make their journey through life, and to work together to help them respond to and overcome specific challenges that they may face. Positive emotional wellbeing (which includes mental health) is key to improved physical and cognitive development, better relationships with family members and peers and a smoother transition to adult independence.

The significant majority of children, young people and young adults will experience positive emotional wellbeing most of the time, and develop along normal emotional, social and behavioural pathways. They will almost certainly experience challenges, and periods of instability, as part of the process of growing up – but will receive sufficient support from the family, school and wider community to cope with times of stress without serious or long-term impact on their wellbeing.

This document sets out a proposed service model to deliver an improved response to children's emotional wellbeing and mental health needs in Medway. The support services described in this model are part of a whole-system pathway designed to meet the emotional wellbeing and mental health needs of children and young people within the context of their family.

In line with Medway's Children and Young People's Emotional Health and Wellbeing Strategy and Local Transformation Plan (2015), future Emotional Wellbeing and Mental Health support services will be designed based on the following key principles:

- Commissioned services to be provided in the context of the whole continuum of support, requiring potential providers to set out how they will develop strong links throughout the continuum
- The service provider will support early intervention services through joint working and in-reach, thus improving access to support; mutual understanding; and communication between specialist mental health practitioners and schools and GPs
- Primary mental health workers will be more accessible and better integrated with schools and community based services, to create a more seamless escalation from early intervention services, where necessary
- The inclusion of additional services in the delivery model, specifically: substance misuse support; post abuse support, including the young person's IDVA; support dedicated to harmful sexualised behaviours; Place of Safety for short term disturbed or violent behaviour; and participation in multi disciplinary neurodevelopmental assessment and parental support. This will enable a holistic approach where children and young people have multiple needs and reduce duplication
- A whole family approach, whereby we proactively seek to resolve any issues in a child or young person's environment that are impacting on their emotional wellbeing; offer support to parents; and provide dedicated support to parents whose children have neurodevelopmental conditions
- Effective IT support for the Single Point of Access; and the provision of information throughout the system about the support that is available
- An option for self-referral and a quick response through online, telephone and drop-in support
- Greater emphasis on - and dedicated support for - fostered, looked after and adopted children

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that Primary and Specialist Mental Health services be provided to young people up to a young person's 19th birthday for initial referral and to age 25 for continued support if needed. It is likely that this additional age range requirement will be phased in during the early stages of the new contract to enable providers of children's and adult's services to work with commissioners to agree the necessary pathways and protocols.

(See Figure 1 on page 18 for a visual representation of the service and its interface with other universal and specialist provision.)

Draft

2. Local assessment of need

About Medway

Medway is a coastal authority and conurbation in South East England. It is made up of five towns (Rochester, Gillingham, Strood, Rainham and Chatham) which surround the estuary of the River Medway along the North Kent coast and various outlying villages on the Hoo Peninsula. It is an historic area with a dockyard dating back to the 16th century, which at one time employed thousands of residents. The decline in naval power and shipbuilding led to the closure of the dockyard in 1984; this had a significant impact on the area which is still evident today.

In the last 10 years, regeneration and redevelopment of the dockyard has been undertaken and a new university campus has been built which houses three universities (University of Greenwich, University of Kent and Canterbury Christ Church University). Medway now has a thriving further education system, alongside a burgeoning technological hub.

Medway is a geographically compact area, with a population of close to 270,000. The population is expected to grow to almost 323,000 by 2035, an increase of approximately 20% from current population levels. This is above the predicted growth level for England (+15%) and the South East (+17%). Recent growth can be attributed to both natural growth and inward migration. There are now settled Asian, African Caribbean and Eastern European communities, although 85.5% of the population is White British, and generations of families have lived in the same areas of Medway for many years.

The largest migratory flows into Medway are from Kent and southeast London. Those moving into Medway are slightly younger than those moving out - this may be partially explained by the increase in the number of university students.

Overview of children and young people's physical and mental health

The latest published information from the Child and Mental Health Observatory (ChiMat) (2015) shows that children and young people under the age of 20 make up 25.5% of the population of Medway. Projections suggest that children and young people will continue to make up an increasing proportion of the Medway population over the next 20 years. The number of children aged 0-19 is predicted to increase from 69,000 to approximately 72,100 by 2021. There are 20.7% of school age children from a minority ethnic group. The proportion of children under 16 living in poverty is 21.2%, worse than the England average, as is the rate of family homelessness although the rate of children in care is not significantly different to the rest of England. Infant and family mortality rates are about the same as those for the rest of England.

The ChiMat data shows that, on the whole, there is a mixed picture of the health and wellbeing of children in Medway with generally better than average opportunities for health improvement. For example, there are fewer babies with low birth-weight and fewer obese children than the rest of England whilst children have generally better dental health. There are also fewer admissions to hospital of young people due to alcohol specific conditions or substance misuse.

Conversely there is a greater proportion of children who have not received the MMR vaccine by age two and there are significantly more than average conceptions in young people under 18 and teenaged mothers. The rate of admissions to the hospital emergency department of children under four is significantly better than average as is the rate of hospital admissions caused by injuries in young people aged 15 to 24 years; whereas the rate of hospital admissions caused by injuries in children aged from birth to 14 years is significantly higher. The rate of hospital admissions for young people with mental health conditions is also significantly higher than the rest of England.

The Department for Education (DfE) provide annual statistics derived from outcomes for children continuously looked after. As at March 2015, Medway had 250 children who had been continuously looked after for more than 12 months (excluding those children in respite care), 35 of whom were aged five or younger.

The DfE data indicates that a greater proportion of Medway's looked after children (98%) had received an annual health assessment than the average for England (89.7%). All (100%) of looked after children aged five and under had an up-to-date health assessment, greater than the England average of 89.4%. The data also showed that 92% of looked after children were up-to-date with their immunisations, higher than the England average of 87%.

However, only 56% of the looked after children in Medway had received a dental check-up as compared to the average 85.8% for the rest of England.

The commissioning and provision of health care services for children and young people in Medway is varied and relatively complex. Commissioning and planning of most health services for children are carried out by NHS Medway Clinical Commissioning Group (CCG). Health services for looked after children are jointly commissioned by the CCG and the public health directorate of the local authority, Medway Council.

- Acute hospital services, including emergency care and maternity, are commissioned by the CCG and provided by the Medway NHS Foundation Trust (MFT). MFT also provide the school nursing service which is commissioned by Medway Council.
- The health visiting service is commissioned by the public health directorate of Medway Council and provided by Medway Community Healthcare Community Interest Company (MCH).
- Child and Adolescent Mental Health Services (CAMHS) are commissioned and provided as follows:
 - Services at Tier 1 of the National Strategic Framework for CAMHS are provided primarily through school and education settings and their commissioned services in line with the Outcomes Framework set out under 'Universal Services in Section 5
 - Tier 2 services are provided by Medway Council, including integrated clinical and management functions provided by Sussex Partnership NHS Foundation Trust
 - Additional Tier 2 psychology support for LAC is commissioned through Oakfield Psychology
 - Services at Tier 3 are provided by Sussex Partnership NHS Foundation Trust (SPFT). SPFT also provide a bespoke 'Children in Care' service specifically

for looked after children funded by the local authority. Both services are commissioned by the CCG

- Services at Tier 4 are commissioned by NHS England and provided by the South London and Maudsley NHS Foundation Trust (SLAM).
- Adult mental health services are commissioned by the CCG and provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT)
- Contraception and Sexual Health services (CASH) and the Genitourinary Medicine (GUM) Service are commissioned by Medway Council and provided by Kent Community Health NHS Foundation Trust (KCHT) and Medway NHS Foundation Trust (MFT) respectively
- Adult substance misuse services are commissioned by Medway Council and are provided by Turning Point
- Child substance misuse services are jointly commissioned by NHS Medway CCG and Medway Council and provided by Open Road

Emotional wellbeing and mental health needs analysis

Certain groups of children and young people are at increased risk of developing mental health problems, taking account of background, life experiences, family history and individual emotional, neurological and psychological development. Those groups at increased risk include:

Children in Care/Looked After Children and Care Leavers: This includes both children and young people in the formal care of Medway Council and also children and young people in the care of other local authorities who are placed in foster care, and residential care and Supported Accommodation arrangements in the Medway area. This includes Looked After Children in temporary placements.

Table 1 - Numbers of Looked After Children in Medway (up to age of 18 years) as of 31 March (2010-2015)

Year	2010	2011	2012	2013	2014	2015
Medway	355	425	440	410	380	431

There is the need for specialist mental health and behavioural support services including flexible/ adaptable counselling services, in particular those in the age group of 11-21 years. The nature of needs are predominately in relation to attachment problems, depression, deliberate self-harm, anxiety, post-traumatic stress, trauma through previous sexual abuse and other post abuse problems. Other problems highlighted were eating issues, OCD, ASD, ADHD, Bipolar disorder, Psychosis, anger issues and behaviour.

A needs assessment found that there are common 'traits' in the needs and behaviours of children on entering care following periods of maltreatment (parental abuse, neglect, exposure to domestic violence, parental substance misuse and mental health) as shown in Table 2 below. It was evident that the longer a child was exposed to maltreatment, the greater the level of complexity of need and risk taking behaviours.

The analysis also evidenced that behaviours of children did become more challenging the older they got, especially when reaching their adolescents years which was impacting on their placements stability especially in the absence of earlier support being put in place.

Table 2 - Common traits in the needs and behaviours of children on entering care following periods of maltreatment by age

Infancy (0 - 3 years)	Childhood (3+ to 9 years)	Adolescence- (10 - 16 years)	Adulthood (16+)
Affected Regulation	Anxiety Disorders ,	Conduct Disorder	Identity and Personality Disorder
Growth delay	Conduct disorder	Self harming	Maltreatment of ones offspring
Development delay	Disruptive behaviours and the escalation of behaviours leading to violence and school exclusions	Drug & alcohol misuse	Significant relationships issues, poor choice in partners leading to further abuse
Soiling, wetting	Diagnosis of ADHD	Drug Misuse	Drug dealing
	Academic failures	Offending behaviours	High risk taking behaviours
	Poor peer relationships	Risk taking behaviours, including CSE	Significant drug & alcohol use
	Speech, language and communication difficulties	Recurrent victimisation	Risk of teenage pregnancy
	Low self esteem	Little remorse shown for inflicting 'violence' or empathy towards others	Criminal / Offending behaviours
	Showing remorse		
	Soiling, wetting, smearing		
	Poor self esteem		

Children in Care/Looked After Children: This includes both children and young people in the formal care of Medway Council and also children and young people in the care of other local authorities but placed in foster care and residential care arrangements in Medway area. Research shows that over a range of health-related issues, including mental health, looked after children have poorer health and social outcomes over the course of their lives. These risks persist at the stage when young people leave care. CHIMAT/PHOF data suggests that the emotional wellbeing of looked after children in Medway is also worse than the southeast and England average i.e. an average Difficulties score of 16.0 compared to 14.6 for the southeast and 13.9 for England.

Children identified as having a disability or Special Educational Need (SEN): Certain disabilities appear to increase vulnerability to mental health problems, for example, studies show that children who are deaf have a higher rate of emotional and behavioural problems;

families with disabled children and more likely to experience social isolation, which is a risk factor for mental health problems in children and adults.

A considerably higher proportion of children in Medway are identified as having SEN compared with the national average. Children with SEN include children with developmental disorders, including diagnosis of Autism spectrum disorder (ASD) which includes Asperger's syndrome and childhood autism; and Attention Deficit Hyperactivity Disorder (ADHD).

Whilst it is recognised that it is difficult to accurately record the numbers of disabled children living in any authority, the Department of Works and Pensions (DWP) suggests that 6% of all children have a disability – in relation to Medway this equates to 4,140 children rising to 4,326 children by 2021. Official figures from the DWP indicate that there are 2,780 children in receipt of Disability Living Allowance in Medway, of whom 250 are below the age of 5, 2,500 are aged between 5 and 18.

According to the Improving Health and Lives web site (IHAL) <http://www.improvinghealthandlives.org.uk/> there are currently the following numbers of school age children learning disability and/or who have a diagnosis of Autism who live in Medway:

- 671 children have mild/moderate LD
- 126 children have severe LD
- 816 children have diagnosis of ASD

Children from the poorest households are significantly more likely to experience mental health problems. Medway's child poverty rate is significantly higher than both the national and regional averages i.e. 21.2% compared to 14.2% in the southeast.

Children and young people in contact with the criminal justice system: Based on CHIMAT/PHOF data Medway has a broadly similar number of first time entrants to the youth justice system compared to the regional average. The Medway Youth Offending Team works with an average of 140-160 young people (from 10-18 years) at any given time. Approximately 60-80% of young people within the criminal justice system in Medway have a speech, language and/or communication need.

Young carers: The responsibilities of caring increase the risk of developing mental health problems. Those with a parent who has mental health problems are at increased risk of development mental health problems.

Safeguarding: In 2013/14, Medway had 777 CAFs and 4289 referrals into social care. There are currently (June 2015) 475 children on a Child Protection Plan; and 431 Looked After Children. There is a need for a concerted effort to build resilience and decrease the impact on children and families of the environmental factors that lead to children being neglected.

The Medway MARAC (Multi Agency Risk Assessment Conference) is the busiest across Kent and Medway and demand is increasing. Additionally, it is becoming more difficult to allocate the practical and emotional support that victims need due to demand outstripping the supply of Independent Domestic Violence Advisors (IDVA) and support services. Only

victims deemed to be at the very highest level of risk, i.e. of serious harm or death, are reviewed at MARAC.

There is a gap in service available for victims deemed to be at a lower level of risk, although the extension of Troubled Families criteria will change that. Medway benefits from a community-led One Stop Shop and has worked hard to develop awareness and expertise in the wider workforce. These factors may be driving the high numbers of referrals for support; but does not alter the fact that there are a large number of victims we are currently unable to support – and the impact this is having on children and young people throughout the system.

Young people who are NEET: 7.3% of 16-18 year olds are NEET in Medway (the south east average is 4.2%). These young people often have significant issues in their lives, such as drug use, sexual exploitation, being Looked After, or being homeless. Many will have had difficulties at school around attainment, attendance and behaviour.

The group of young people who are younger and attending school, though thought to be at risk of becoming NEET, is characterised by a propensity to give up on themselves, become disinterested in every aspect of their lives and take big risks. We know we need to understand better the context of these children and young people's lives, so that we can offer them the support they need earlier.

Children who live in households where there is alcohol or drug dependency: A range of research indicates that there is significantly increased drug use amongst vulnerable young people groups, including Children in Care, persistent absentees and truants, young offenders, young homeless and children whose parents misuse drugs and/or alcohol.

The National Drug Strategy 2010 states that the focus for all activity with young people with drug or alcohol issues should be preventing the escalation of use and harm, including stopping young people becoming adult addicts. Drug and alcohol interventions need to respond incrementally to the risks in terms of drug use, vulnerability and, particularly, age.

Young people and their needs differ from adults:

- The majority of young people accessing specialist drug and alcohol interventions have problems with alcohol (37%) and cannabis (53%). This requires psychosocial, harm reduction and family interventions. This contrasts with adults who are more likely to require treatment for addiction.
- Most young people need to engage with specialist drug and alcohol interventions for a short period of time, often weeks, before continuing with further support elsewhere through an integrated young people's care plan.
- Those who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one

3. Activity data

The following provides an indication of current levels of activity within existing CAMHS:

Referrals to CAMHS Single Point of Access¹

Total referrals by month (6 months March 2016 to August 2016)

Month	Referrals
March	179
April	75
May	141
June	174
July	130
August	91
Total	790
Average	132

Outcome of referral

Outcome of referral	Number	%
Tier 2	319	40
Tier 3	212	27
Oakfield (LAC Tier 2)	18	2
Other (incl. signposting)	241	31
Total	790	100
Average	132	

Numbers on waiting lists (September 2016)

Numbers on waiting lists	Number
Assessment waiting list	52
Treatment waiting list	96

¹ The Single Point of Access (SPA) is currently hosted within the Tier 2 part of the CAMHS service. As part of interim service development, the SPA is now promoted as the single access route to CAMHS. Historically, because of the fragmented nature of the services commissioned, there have been several access routes to CAMHS i.e. SPA, direct referral to Tier 3 and direct referral to CiC team. There may, therefore, be some duplication and/or under reporting in this data.

Numbers discharged by month

Total discharges by Month (6 months March 2016 to August 2016)

Month	Discharges
March	21
April	7
May	5
June	15
July	17
August	13
Total	790
Average	132

Tier 3 team caseload

Month end	Caseload	Cases closed	Cases accepted
March	1052	100	77
April	998	148	70
May	943	91	78
June	1019	107	102
July	987	121	71
Average	1000	113	80

Referrals by type

	March	April	May	June	July
Total all referrals	103	82	91	125	91
Total routine referrals	86	62	72	109	74
% routine referrals	83.5%	75.6%	79.1%	87.2%	81.3%
Total emergency referrals	17	20	19	16	17
% emergency referrals	16.5%	24.4%	20.9%	12.8%	18.7%

Gender profile (Tier3) – for patients open at any point during July 2016

Gender	Number	%
Male	538	49
Female	570	51
Total	1108	100

Age profile (Tier 3) – for patients open at any point during July 2016

Age range	Number	%
0-3 years	1	0.1%
4-10 years	79	7.1%
11-15 years	597	53.9%
16-19 years	431	38.9%
20+ years	0	0.0%
Total	1108	100

Ethnicity profile (Tier 3) – for patients open at any point during July 2016

Stated ethnicity	Number	%
Asian or Asian British – Other Asian background	6	0.5%
Asian or Asian British – Bangladeshi	1	0.1%
Asian or Asian British – Indian	7	0.6%
Asian or Asian British – Pakistani	1	0.1%
Black or Black British – African	12	1.1%
Black or Black British – Other Black background	3	0.3%
Black or Black British - Caribbean	7	0.6%
Gypsy or Irish Traveller	1	0.1%
Mixed – other mixed background	7	0.6%
Mixed – White and Asian	4	0.4%
Mixed – White and Black African	8	0.7%
Mixed – White and Black Caribbean	11	1.0%
Not known	3	0.3%
Not stated	26	2.3%
Other ethnic groups – any other ethnic group	10	0.9%
Other ethnic groups – Arab	4	0.4%
Other ethnic groups – Chinese	0	0.0%
White – any other white background	32	2.9%
White – British	961	86.7%
White – Irish	4	0.4%
Total	1108	100

CAMHS Children in Care (CiC) team caseload²

Medway caseload	March	April	May	June	July
Cases open at month end (July 2016)	45	55	51	30	64
Cases closed during month	6	7	9	36	11

LAC psychology provision (Tier 2)

Number of C&YP on caseload	June 2016
Cases open at month end	124

² LAC are also supported within a separately commissioned Tier 2 provision and Tier 3, where clinically appropriate.

Young Person's substance misuse service – January to March 16

- The Medway substance misuse service is currently engaging with 83 service users, 45% of service users in quarter 4 were female and 55% were male
- The provider recorded 1 service user under the age of 13 in the service during quarter 4 and 38 (22%) of service users in the 13-14 age range; this is an increase of 4% on quarter 3. The data is showing a steady increase quarter on quarter of service users in the 13-14 age range
- The main source for referrals is from the education sector (25%) and from Children and Family services (25%); there has also been an increase in self referrals from 2 to 7 in the 12 month period 1 April 2015 -31 March 2016.
- 26% of service users were not in education, employment or training (NEET) during quarter 4
- The main substances misused remain the same as the previous 3 quarters with 89% of service users disclosing cannabis as the most used substance and 65% of service users disclosing alcohol as the most used substance. Other substances disclosed were: cocaine, ecstasy, legal highs and solvents
- 33% of service users in quarter 4 presented with self harming issues.
- The young people's substance misuse service did not record any service users injecting during this reporting period

4. Consultation and service user/stakeholder feedback

In March 2016, Medway's Children and Young People's Overview and Scrutiny Committee and Health and Wellbeing Board reviewed and considered a Draft Service Model setting out the proposed delivery model for a Medway Young Person's Wellbeing Service.

The Children and Young People's Overview and Scrutiny Committee determined that the proposals represented a Substantial Variation to Healthcare in accordance with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requiring relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area.

A formal 12 week consultation period commenced on Friday 6 May 2016 and ended on 29 July 2016.

The Draft Service Model formed the basis of the consultation and provided stakeholders with a detailed description of how commissioners felt the new service could be structured, together with operational functions and service standards.

There were a total of 137 respondents to the survey, of whom 69% had either used the service or looked after someone who had. The key principles highlighted in Section 1 above, were further endorsed in response to consultation.

A summary of responses, by interest group, is set out below.

From a focus group of children and young people who have used either CAMHS or emotional support services

Feedback from children and young people has highlighted the value they place on direct access to advice and also support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

From potential providers of services, who attended an event in June to explain the proposed changes

- The Single Point of Access is critical. Without careful thought, it can become clogged with referrals which are not appropriate, so thought needs to be given to limiting this risk.
- It will be extremely beneficial to have unified principles and greater alignment and integration of delivery. This presents the opportunity for a genuinely multi disciplinary approach across disciplines and services.

- This is an ambitious and exciting service model, but we will need to work creatively through a whole system approach to ensure it is affordable. Some areas of work are especially resource intensive and although combining a wider range of services within a single envelope offers opportunities to invest in appropriate preventative strategies, we all need to understand the dynamics and risks involved.
- A range of practical issues, which need to be considered prior to tendering the service, these include:
 - TUPE implications across several organisations, with a greater number of services now within the umbrella of this contract – and the potential for delay in mobilisation
 - integration of different reporting systems
 - data and information sharing
 - assumptions about buildings and premises
 - the implications of the need for providers to establish delivery consortiums from scratch
 - transition of existing users in 19-25 age group on commencement of new contract.

Responses to formal consultation

Service users and their families/carers

- Users and their families are especially keen to see improvements to communications and clarity about who is doing what. This applies both to information about service availability and improved levels of contact and information once a referral has been made. They strongly feel that we should take the opportunity to deliver all support for emotional and mental health needs in a continuum where practitioners communicate with each other and offer some level of support to children and their families once the treatment phase has ended.
- Speedier response times are a big issue, though it is striking that families are as dissatisfied with lack of communication from the current service as with the length of the wait for treatment.
- The hope was expressed that mental health needs could be prioritised more and that schools might be more proactive in offering support to children who are likely to be affected by their situation, for example if they have been bereaved or are a carer; or are transferring to secondary school, having had additional support in the primary phase.
- Finally, they talked about trust. The importance of gaining the trust of children and young people in order to be able to meet their emotional needs; of respecting confidentiality; and practitioners delivering what they say they will do. This also applies to not over promising on the service overall.

Schools and colleges

- School based staff would also like to see quicker response times and better communication with specialist mental health workers.
- Schools overwhelmingly support the concept of reducing escalation of demand through prevention, early intervention and increasing awareness of emotional and mental health issues. They believe that this is only possible, however, with better professional development for school based staff in each of these areas and with greater provision of more specialist support, for example from primary mental health workers, within school.
- School based staff would also value additional support from and contact with practitioners working with pupils who have more severe mental health needs.
- Practitioners in partner agencies also strongly supported the provision of better advice and professional development for school based staff, so that issues do not escalate, along with more preventative, universal support for children and young people.

Emotional Health and Wellbeing practitioners

- As with other groups, they responded that the speed of access should be improved. This group felt particularly strongly that it should be possible to provide immediate access to support for young people and that initial assessments should be fast tracked to assess risk and ensure children and young people are not left trying to manage quite difficult situations and emotions. They also felt that this system needs to be as simple and clear as possible from the user's point of view.
- This group is strongly in favour of an holistic approach to support, that includes the family where appropriate and makes use of other expertise, for example in parenting support, to build resilience. They also felt that a nominated mental health worker should be the point of contact for colleagues and the family.

Role of schools

This was a distinct question within the survey. It is highlighted here because of the very strong level of agreement among all of the interested parties, including schools, about what this should mean:

- Provision of an effective universal offer, supported by ongoing training and support and good links to more specialist provision;
- Ideally placed to coordinate support, for families as well as their pupils - but other services (not just those to support emotional wellbeing) need to be more willing to offer their time and expertise; and
- Fuller involvement of schools in decisions about how the continuum of support works

Commissioners will continue to develop these ideas further with schools and others, so that our commitment to supporting schools in their work to develop good emotional and social skills is reflected in practical proposals to increase communication, collaboration and quality.

Draft

5. Key Service Objectives and Standards

The following section describes key service objectives and standards in support of the introduction and core principles set out in Section 1. Detailed expectations of each aspect of service delivery are set out in section 5.

Service accessibility and integration

- To ensure effective, two-way, communication. The service provider will be expected to maintain clear lines of communication with partners and service users, from the point of referral
- To ensure excellent service user experience at transition points, including entry into and out of the service – reducing duplication and multiple transitions between services
- To operate a Single Point of Access (SPA) for professionals and families who are concerned about the emotional wellbeing and mental health of a child or young person, providing advice and information about emotional wellbeing and mental health services in Medway and to undertake case reviews and develop the case for step down where appropriate
- To ensure that any waiting list or delay in receipt of service is rigorously managed to reduce the time families/children and young people experience in accessing services
- To ensure that timely responses to referrals are made and that each referral is overseen right to intervention being received
- To work closely with staff in primary and community health services, and wider children's services including schools and children's social work teams to ensure effective and holistic multi-agency team working for Children and Young People using the Service, including those that are Looked After, adopted or care leavers and participation in Teams Around the Family
- To coordinate and manage a child or young person's return to community mental health services upon discharge from inpatient services. This includes ensuring that children or young people leaving the service have a written and agreed discharge plan that supports self-management where possible and explains how to access help if this becomes necessary. Where a young person is moving to another service, whether to adult mental health services or to a different service, the provider would ensure that the agreed transition protocol is followed with, as a minimum, a joint meeting between the provider and new service that includes the young person and/or family member, a written discharge summary, followed up after six months to check the transition has proceeded smoothly
- To publish Plain English information about access to emotional wellbeing and mental health services in Medway so that children, young people, families and professionals can understand what services are available and how to access them, including web-based resources

Transition

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that Primary Mental Health services be provided to young people up to a young person's 19th birthday for first time contact and to age 25 for continued support if needed. It is likely that this additional age range requirement will be phased in during the early stages of the new contract to enable providers of children's and adult's services to work with commissioners to agree the necessary pathways and protocols.

Transition protocols and integration between Children and Young People's and adults services will be strengthened.

Early Help

- To support early intervention in order to avoid escalation and to adopt a multiagency team approach, working collaboratively with primary, voluntary and community services. Mobile/area based primary mental health workers would be key to achieving that
- To work with partner agencies e.g. Health for Learning to support and deliver training for professionals across the Children's Workforce, including schools and primary care, to identify, understand and support Children and Young People with emotional wellbeing and mental health needs. This should include specialist training relating to those Children and Young People, including children in care who are particularly vulnerable having being exposed to maltreatment such as parental drug/alcohol abuse and children in public care or who have experienced domestic violence and/or sexual abuse
- To contribute to positive behaviour approaches and therapeutic interventions for children and young people who may have a global learning disability and/or Autistic Spectrum Disorder and their families.

Whole Family Approach

- To involve parents, carers, foster parents and Children and Young People in their care, providing them with jargon free information about the nature of their problems and the different interventions and options available to them
- In pursuance of this objective, to work effectively other agencies involved with the family, including in a Team Around the Family (TAF) if appropriate
- To agree the goal of interventions providing written assessments and plans, and allowing the recording of verbal advice; taking account of the mental health needs of the family unit
- To support transition to appropriate adult services as required
- To support parents, carers and foster parents to understand and manage their children's needs, promote resilience and recognise the importance of a family and community support network to sustain recovery.

Support for young people, families and carers experiencing crisis

- To provide intensive community services for Children and Young People who are at risk of needing to be admitted to inpatient services due to their poor mental health
- To provide appropriate out of hours advice and assessment for Children and Young People presenting at hospital or in the community with deliberate self-harm, overdose or who appear to be suffering with a serious mental illness; and liaison for medical or paediatric wards where a child or young person has been admitted to accelerate discharge or onward referral as appropriate

Looked after and adopted children and young people

- To provide specialist assessment, including court directed assessments and to provide therapeutic interventions and behavioural support programmes for looked after and adopted Children and Young People with emotional wellbeing and mental health problems. These would take account of attachment and identity disorders, fragmented families, and the impact of maltreatment including trauma, loss and separation. This includes working with foster carers, residential care workers, family support workers, social workers, the LAC nursing team and health visitors as well as key workers or personal advisors to enable more intensive therapeutic approaches to be adopted to support for children and young people whom have very complex needs where there is a high risk of placement breakdown

Place of safety

- To work with the Commissioner and the Kent and Medway Mental Health Crisis Concordat to ensure provision of a safe environment in which to hold, assess and support a child or young person held under sections 135 or 136 of the Mental Health Act

Routine measurement of outcomes including CYP IAPT³

- To measure effectiveness in terms of the positive difference made to the lives of children, young people and their families, and develop an evidence base for practice that informs continuous improvement, service development and future commissioning

Service user engagement and participation

- To work with children, young people and families in designing care pathways, and involve them in service design and evaluation, seeking and using feedback in a range of settings including the use of routine outcome monitoring in therapy, positive feedback regarding service delivery and complaints

³ The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community. For more information visit: <https://www.england.nhs.uk/mentalhealth/cyp/iapt/>

Governance and standards

- To ensure that the service meets the expected NHS and public sector standards for providing its staff with appropriate continuous professional development, supervision and appraisal and has a clear workforce plan that takes account of the changing needs of the local population; clinical information, structural governance and audit, including protocols around information sharing and confidentiality; maintaining an accurate data set and providing accurate and timely reporting to commissioners (local, regional and national) and national organisations when requested

Draft

Fig 1 – Medway Emotional Health and Wellbeing Service Model

Medway Young Person’s Wellbeing Service

Key:

- Service provider to deliver in full
- Service provider to contribute through integrated working, in-reach support and training
- Linked contract/service – not within scope
- Referral source

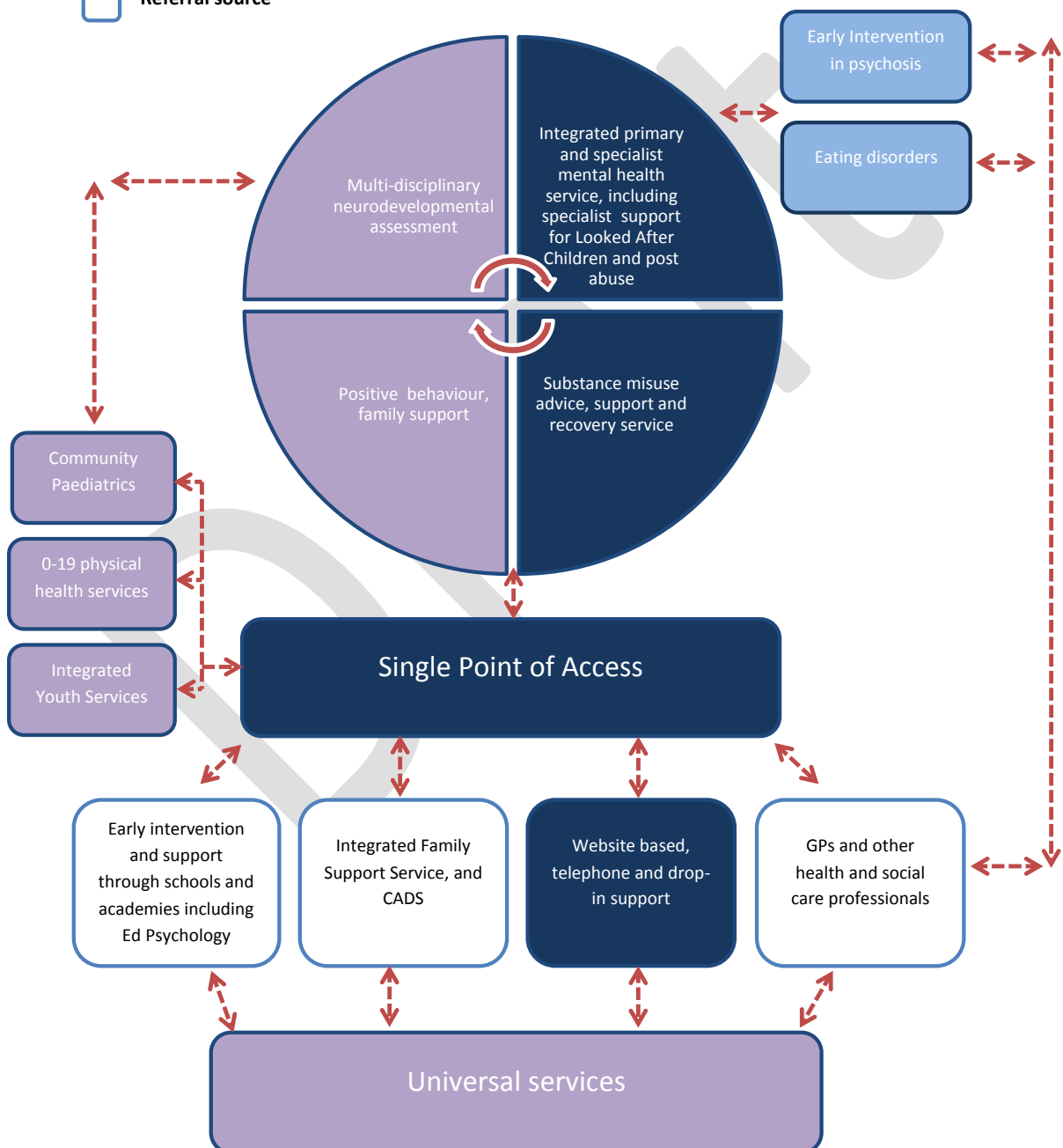
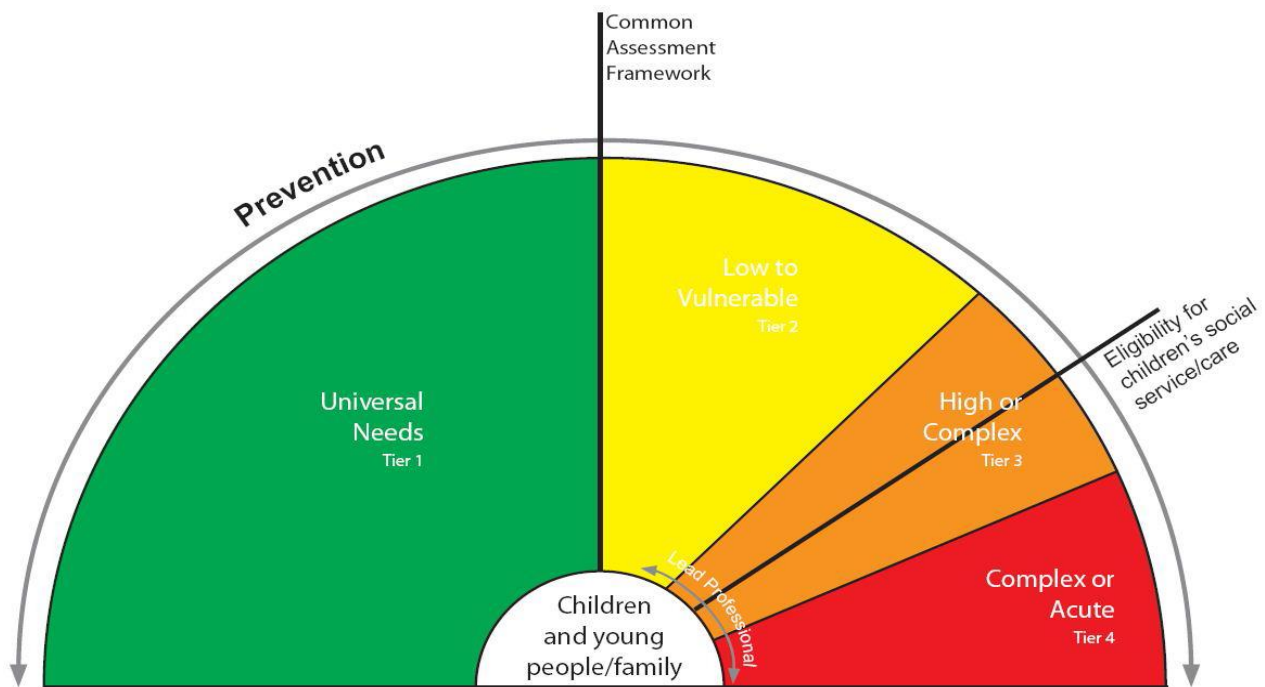


Fig 2 - Medway Emotional Health & Wellbeing Continuum of Support



Key	Level of intervention	Description of need / intervention
	Universal	All children and families who have core needs such as parenting, health and education. Children are supported by their family and in Universal services to meet all their needs
	Additional / Targeted	Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour or to meet specific health or emotional needs or to improve material situation. Child's needs can be met by universal services working together or with the addition of some targeted services. This level of provision will support mild to moderate emotional wellbeing and mental health problems of children/young people The service provider will network with a range of services and other agencies as appropriate, alongside their parents/carers either in clinics and/or community settings such as GP practices, schools or, where appropriate, the home environment.
	Intensive	Vulnerable children and their families with multiple needs or whose needs are more

		<p>complex. Life chances would be impaired without coordinated support. A multi-agency plan is developed with the family coordinated by a lead professional or family worker. A wide range of services, including Integrated Family Support Service and Child in Need teams, might be involved. This level of provision would support young people presenting with moderate and severe mental health problems that are causing significant impairments in their day-to-day lives. There should be a pathway for challenging behaviour of mild to moderate severity in place.</p>
	Specialist	<p>As above, including acute presentations which may require intensive short-term or ongoing support in order to prevent admission to Tier 4 inpatient services. In some cases, where an admission to an inpatient setting is unavoidable, this will involve continued involvement with the young person and inpatient commissioner/provider through a Care Programme Approach (CPA) and participation in Care and Treatment Reviews (CTR) to plan and manage step-down from these services.</p>

6. Key Service Components

The following sections describe the core service components shown in the **DARK BLUE** and **PURPLE** boxes within **Fig 1** above. Medway Council / CCG propose a **lead provider** to manage and oversee this group of services and that innovative collaborations with the third sector and other specialist providers are sought in support of the key service objectives in Section 3.

The **DARK BLUE** boxes are elements of the service that the provider will be required to deliver in full, whilst the **PURPLE** boxes are service areas which the service provider will be required to support through integrated working, in-reach support and training.

Each of the sub-sections below contains a version of this table, to clarify the expectations of the Service Provider in the delivery of that component. The service provider may be required to contribute to one or more aspect of delivery denoted by a tick-box.

Fig 2 – describes a Continuum of Support in relation to Emotional Health and Wellbeing, as above the table below describes the level of need that we would expect the service provider to be supporting through delivery of that component.

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working	✓	In-reach support	✓	Training	✓	Outside of scope	✓
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted		✓	Intensive		✓	Specialist	✓

Summary of key service components and requirements of the Lead Provider and sub-contractors

Delivery in full

These are the core elements of the model and continuum of support for which the Lead Provider and sub-contractors will be responsible for delivery.

- Website based, telephone and drop in support (*Universal and Additional/Targeted*)
- Single Point of Access (*Additional/Targeted, Intensive and Specialist*)
- Primary Mental Health Service (*Additional/Targeted and Intensive*)
- Specialist Mental Health Service (*Intensive and Specialist*)
- Looked After Children (LAC) and Adopted Children (*Additional/Targeted, Intensive and Specialist*)
- Post abuse incl. post sexual abuse and Young Person's IDVA (*Intensive and Specialist*)
- Harmful sexualised behaviours (*Additional/Targeted, Intensive and Specialist*)
- Acute and crisis pathway (*Intensive and Specialist*)
- Out of hours services (*Intensive and Specialist*)
- Substance misuse advice, support and recovery service (*Universal, Additional/Targeted and Intensive*)

Integrated working

These are linked services and provision within the model and continuum of support with which the Lead Provider and subcontractors will be required to integrate/interface with through a multi-disciplinary approach to case-loading and referrals.

- Place of Safety (*Intensive and Specialist*)
- Building capacity in schools and early years settings (*Universal and Additional /Targeted*)
- Wider workforce development (*Universal and Additional/Targeted*)
- Multi-disciplinary neurodevelopmental assessment (*Additional/Targeted and Intensive*)
- Positive behaviour, family support (*Additional/Targeted and Intensive*)
- Eating Disorders (*Additional/Targeted, Intensive and Specialist*)
- Early Intervention in Psychosis (*Intensive and Specialist*)
- Community Paediatric services (*Additional/Targeted, Intensive and Specialist*)
- 0-19 Public Health services (*Universal, Additional/Targeted and Intensive*)

In reach support and training

These are linked services and provision within the model and continuum of support into which the Lead Provider and sub-contractors will be required to offer professional and clinical advice and support to other commissioned providers.

- Building capacity in schools and early years settings (*Universal and Additional/Targeted*)
- Wider workforce development (*Universal and Additional/Targeted*)

Outside of scope

These are elements of the model and continuum of support which are outside of scope in relation to the requirements of the Lead Provider and sub-contractors

- Raising awareness of emotional wellbeing and mental health / anti-stigma (*Universal*)

Universal Services

Building capacity in schools and early years settings

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support	✓	Training	✓	Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted		✓	Intensive			Specialist	

Medway's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing includes provision to develop the Local Offer within universal settings (particularly in early years settings and schools) to nurture those children and young people who are felt to be experiencing a level of temporary difficulty that can be met without further referral: for example, through 1:1 discussions with a pastoral tutor, through nurture groups, 'safe spaces', befriending or mentoring schemes.

Providing support quickly at this stage can often give sufficient reassurance to address needs and prevent problems escalating. This reduces pressure on specialist services and enables them to provide a more timely response to young people with higher levels of need.

Medway schools and academies currently commission and provide a wide range of pastoral support services for their students. This ranges from PHSE, children and family support workers in some schools, school counsellors in others to commissioning and/or spot purchasing provision. Public Health, Education Psychology and other Medway Council traded services, such as Health for Learning, provide in-reach into schools.

We don't know definitively how many schools are delivering resilience programmes or counselling within schools in Medway and, although these commissioning decisions will remain the schools' to make, we will actively encourage all providers to work more closely together to develop and sustain a more coherent system.

The measure of early help is the outcome, not the effort, and some interventions have more impact than others. This means investing in programmes which have an evidence base, or building an evidence base where none exists. It also means fidelity i.e. applying evidence based programmes in the way that they have been designed and evaluated.

In order to assist schools and academies, Medway Council have developed an Outcomes Framework with school and academy clusters. It is still being consulted on, but is intended to:

- help match provision to the outcomes that need to be achieved for children and young people
- enable measurement of outcomes; and
- describe the impact that expect services at this level should have, so that there are shared expectations

Desired outcomes for individual children and young people within the Framework include:

Young Person has developed the awareness to understand other people's motivations, feelings and emotions e.g.

- Able to participate in decision making
- Able to understand and deal with own anger

Young Person has confidence and motivation to be able to initiate, develop and sustain mutually satisfying relationships with (i) family and (ii) peer group e.g.

- Understands importance and value of positive relationships
- Resolved issues associated with parental mental illness and/or substance misuse
- Makes a positive contribution

Young Person has insight to discuss own feelings and understand their emotional stimuli e.g.

- Able to deal with loss and change
- Capacity to have a positive outlook on life
- Tools to build resilience and help to contextualise experiences such as exam stress, parental separation, bereavement

Young Person has understanding to recognise their own anxiety and manage it e.g.

- Recognises own approach to risk and has developed ability to make good choices and be safe

Young Person has understanding of the importance of offering support to others and being able to accept help e.g.

- Is aware of their innate ability to be autonomous
- Has been supported to deal with impact of having been a victim of or witness to domestic abuse

Young Person has strategies to manage own anger and to moderate behaviour e.g.

- Reduced self harming
- Strengthened ability to resolve problems and difficulties and learn from setbacks

Young Person has developed good self esteem, self belief and self worth e.g.

- Has explored identity and gender

Schools will continue to embed emotional support for individual children and young people who require it into their provision. The role of the service provider will be to support them in this through (i) the advice and expertise of its primary mental health workers, (ii) a collaborative approach to supporting children and young people quickly and effectively and (iii) participation in discussions about how we can improve all services and support along the continuum.

The service would also ensure that the Virtual school for looked after children is included in this, as many of Medway's looked after children are cared for outside of Medway and

therefore attend out of area Schools. The virtual school oversees the personal education plans for all looked after children.

Wider workforce development

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support	✓	Training	✓	Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted		✓	Intensive			Specialist	

The service would work in conjunction with commissioners to develop and support joint training programmes, which would include training for the wider workforce including early years and those delivering Early Help in Medway.

Raising awareness of emotional wellbeing and mental health / anti-stigma

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working		In-reach support		Training		Outside of scope	✓
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted			Intensive			Specialist	

Medway CCG and Council are working jointly with Kent CCGs to promote a 'Good Mental Health' (#GMH) campaign in 2016. Ongoing campaigns will tackle the stigmatising effect of mental illness and would particularly target those vulnerable groups who experience the greatest inequalities. This includes those with particular characteristics, such as having a learning disability or being looked after, as well as those who have been found to have low self esteem. These include those living in deprived areas, girls and young carers.

Website based, telephone and drop-in support

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted		✓	Intensive			Specialist	

Feedback from children and young people has clearly highlighted the value placed on direct access to advice and support outside of core school/working hours and outside of formal services e.g. GP and school pastoral support. They would also value services which reduce the stigma that many young people associate with mental health counselling, offering them anonymous, anytime, free access to a range of counselling and peer group support services and enabling them to maintain a degree of control about what happens next.

Research into delivering therapy online has shown that this way of working is as effective as face-to-face therapies and it's thought that it would add significant value to a system where there are currently limited choices to support young people to take proactive steps to manage their own emotional health and wellbeing without recourse to formal services.

The service model therefore proposes an online advice and counselling resource which young people view as credible and trustworthy and with a mix of booked appointments and drop-in sessions to ensure a greater throughput of clients. Such a service could enable Young People to communicate in chat rooms, through message boards, use blogging and access local news and events. Counsellors would be specially trained to work online with vulnerable young people, delivering evidence-based interventions.

Feedback has also highlighted the value placed on more informal drop-in advice sessions. This need can be addressed in part by continuing to upskill schools and the wider workforce so that better support can be made available in universal settings. The service would, however, be asked for other innovative approaches to reach young people outside of a formal referral and appointments process. This will be particularly pertinent for substance misuse services.

Draft

Single Point of Access (SPA)

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted	✓	Intensive	✓	Specialist	✓		

It is proposed that the service provider operates a stand alone Single Point of Access (SPA) to emotional health and wellbeing support, working closely with the Medway Council Integrated Family Support Service locality teams and the Children's Advice and Duty Service (CADS).

The SPA would provide a single point of contact and an "open front door" to Medway's Young Person's Wellbeing Service, through which families and professionals who are concerned about the emotional wellbeing and mental health of a child or young person can refer and seek advice.

The SPA will operate within the continuum of support for children and young people's emotional health and wellbeing, with pathways to support through schools and other universal services clearly communicated.

The SPA would include clinicians and administrative staff with access to medical support/advice. Clinicians within the SPA service would be experienced in the assessment and treatment of mental illness in children and young people, as well as complex and challenging behaviours which may be associated with learning disabilities and neurodevelopmental conditions.

The SPA would screen and triage referrals to the primary or specialist mental health service, and other linked services as appropriate, as well as providing advice/information to professionals and carers face to face, by phone or email. This would include support and advice on interventions for children, young people and families with where psychological and therapeutic interventions may be beneficial to prevent escalation of emotional wellbeing presentations, for example, serious challenging behaviour.

The SPA would engage in dialogue with referrers, using primary mental health workers to build relationships, expertise and understanding with and between school clusters; and ensure that all emotional wellbeing needs, at all levels of severity are met.

The SPA would need to include an IT and referral management system that interfaces effectively with *Frameworki*, the Medway Council Social Care IT system, so that children and young people can be effectively tracked and supported across services.

The SPA would also be responsible for initiating a review, once a child had been seen within the service for approx. 24 weeks. The purpose of this review would be to:

- i. ensure that Medway Council is aware of numbers of Looked After Children that continued to receive a service beyond 24 weeks
- ii. clarify outcomes to date and

- iii. co-ordinate plans going forward

Draft

Integrated primary and specialist mental health service, including specialist support for Looked After Children and post abuse

Primary Mental Health Service

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted	✓	Intensive	✓	Specialist			

It is proposed that the Primary Mental Health Service would, in most instances, be the first line of response, delivering interventions to support emerging mental health problems that are becoming problematic for Children and Young People and their families alongside creating capacity and up skilling universal staff in community settings.

In line with the objective to support transition to adult services and best meet the needs of young people with differing levels of need, it is proposed that the services be provided to young people up to their 19th birthday for first time contact and to age 25 for continued support if clinically appropriate.

The following services would be included within the scope of the Primary Mental Health Service.

- Information, advice and guidance for families concerning how the emotional wellbeing and mental health system works in Medway
- Advice and training to schools and other agencies, including, for example:
 - In-reach and support to existing universal and targeted provision including Health Visitors, Midwives, Early Years, Family Nurse Partnership, Schools and community groups, Integrated Youth Services (including the Youth Offending Team) with services delivered from these settings so that Children and Young People are supported in their community
 - Targeted up skilling in these services to support screening assessments for children's emotional wellbeing, advice on when to refer for more specialist interventions and ensuring early intervention and support is easily available to families/professionals
 - Participation in a variety of planning/reviewing mechanisms such as the Team Around the Family and the Early Help assessment framework.
- Innovative techniques for engagement
 - Use of innovative ways of engaging with young people, including online services, peer support and social media, as well as investing in relationships that build trust and make young people more likely to attend
 - Consideration of alternative evidence based therapeutic approaches and interventions e.g. mindfulness, meditation, exercise and laughter therapy

- Counselling
 - Counselling and therapeutic support to Children and Young People on an individual basis that have experienced a range of abuse and or trauma
 - Family work services if individual assessments indicate that this is the most effective model of work to be used in particular circumstances, including ad-hoc consultation sessions to foster carers and professionals
- Screening, Assessment and Short and Long Term Interventions in individual and group settings including:
 - Screening and assessment of referrals to the Emotional Wellbeing and Mental Health Service for Children and Young People and provision of short-term individual and group interventions for children with emerging emotional wellbeing concerns (mild to moderate mental illness) and light touch case holding for longer term support
- Education and Healthcare Plans
 - Support through multi disciplinary approach in the preparation of Education Healthcare Plans (EHC) for children and young people with identified Special Education Needs (SEN)

Specialist Mental Health Service

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted			Intensive	✓	Specialist	✓	

It's proposed that specialist services would comprise a multi-disciplinary team of mental health professionals providing a range of therapeutic interventions for Children and Young People who have complex, severe or persistent mental health needs. Condition specific pathways would be developed to meet needs based on local prevalence rates and existing provision within Medway e.g. specific pathways for ASD, ADHD, Eating Disorders, Learning Difficulties, Specific Crisis pathways, Intensive Community Outreach teams and specialist support for Adopted and Looked After Children.

Looked after Children (LAC) and Adopted children

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted		✓	Intensive	✓	Specialist	✓	

Children and young people in the care of their local authority will, in the majority of cases, have entered care because of neglect and/or other forms of abuse, and will have experienced high levels of complex trauma. As a result they may have significant difficulties that reach beyond childhood and into their adult lives. These are likely to include significant attachment-related difficulties which will impact upon their ability to develop and maintain stable relationships with others in their lives, leaving them vulnerable to placement breakdown, lower achievements in education and training, developing abusive relationships, developing poor mental health (45% have a diagnosable mental health condition) and the risk of entering the criminal justice system.

The service would, therefore, be required to provide specialist assessments and interventions for the needs of Looked After Children (including those in temporary placements), Care Leavers and Adopted children. The service would need to work proactively with the local authority and other relevant agencies to inform placement, decision making and permanency planning. The service would also need to deliver therapeutic approaches including therapeutic parenting with foster carers, special guardians, connected carers, residential workers and adoptive parents to deliver individual and systemic therapeutic interventions.

Support would need to be provided by staff who understand the impact of complex trauma on children and young people and who are trained in attachment-related interventions

The service would be required to:

- Undertake assessments, including court directed assessments (including sibling and forensic) that may be required
- Provide the recommended services (including, for example, Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT), Functional Family Therapy (FFT), Art therapy, play therapy, music therapy) to meet the assessed needs including follow up and management
- Work creatively and flexibly to engage each child or young person using approaches that are adapted and tailored towards the children and at their own time and pace
- Encourage and support effective working relationships between agencies to ensure a swift response to the child or young person, particularly in time of crisis and on the edge of care and those with a care plan for rehabilitation home or extended family members
- Offer consultation, supervision, support and training on a regular and ad hoc basis to those working in multi-agency teams who support children in care and care leavers and to foster placements (Medway Councils in-house fostering service and commissioned Independent providers), adopters, connected carers, SGO's and residential workers and other key workers to help them maintain therapeutic and stable environments and to avoid placement breakdown (this includes Looked After Children in temporary placements)
- Offer additional consultation, supervision, support and training on a regular and ad hoc basis to adopters, foster carers and connected people (relatives and friends) to help them maintain therapeutic and stable environments for the children they look after and to avoid placement breakdown

- Enable referred children and young people to access services regardless of placement stability or permanency of care plan
- Support specialist or therapeutic fostering placement schemes to maintain and support the child or young person within a family placement and to achieve better outcomes in accordance with the agreed care plan which may entail rehabilitation home or a move to other arrangements
- Children and young People in care, leaving care, subject to special guardianship orders or child arrangement orders (previously Residence Orders), unaccompanied asylum seeking children, children placed for adoption, and those on the edge of care have a range of mental health and behavioural needs and should follow the relevant pathway and be prioritised based on their need and diagnosis
- Self-referrals from children in care would be accepted
- Interventions would recognise and address the inter-relationship between emotional/mental and behavioural needs including inappropriately sexualised behaviour

The service would work closely with children's social work and with families, carers, foster carers, and residential providers, supported accommodation and supported lodgings providers to provide consultation and contribute to developing joint collaborative care plans. The service, where appropriate, contribute to summary reports for Court and assessments of children coming in to care to identify relevant psychological and mental health needs and inform multiagency care plans.

The service would provide in-reach to social care staff and carers so as to upskill and capacity build facilitating early identification, intervention and reduce placement breakdown. Similarly the service would work proactively with Unaccompanied Asylum Seeking Children (UASC) and the agencies involved with them, to provide assessment, intervention, consultation, care and support placement planning. The service would be required to have a culturally competent workforce and access to interpreting services.

Provision of services for LAC out of area

Where clinically appropriate and practical, the service would support Medway Looked After Children placed in Kent and other Local Authorities and, in some cases, work in partnership with the locally commissioned mental health and wellbeing service. This might, for example, encompass an initial visit to out of area and then the use of technologies like Skype™ or Tango™ to maintain sessions in agreement with the child/young person and carers. The service would act as a point of contact for any other out of area CAMHS or Emotional Health and Wellbeing service and liaise with the commissioner in respect of assessing packages of support recommended by other Local Authority's commissioned providers and to ensure timely access to appropriate assessment and treatment pathways.

NB: Where there is reference to Children in Care this also includes children in need and children on the child protection register

Safeguarding Nurse

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal	✓	Additional/Targeted	✓	Intensive	✓	Specialist	✓	

The Medway Safeguarding Children Board (MSCB) is a statutory multi-agency organisation which brings together a range of agencies who work to safeguard and promote the welfare of children and young people up to the age of eighteen years in Medway. The Board meets regularly throughout the year to discuss a wide range of issues and there also are a number of MSCB sub-groups (e.g. Case File Audit, Learning & Development) together with MARAC meetings and other multiagency domestic abuse forums.

The MSCB is designed to help ensure that children are safeguarded properly by agencies working effectively together and our membership includes senior representatives from Medway Council, all Medway health bodies, Kent Police, Medway schools, voluntary organisations, and many others.

The safeguarding load in Medway is expanding with increased numbers of Serious Case Reviews (SCR) and more recent developments with Child Sexual Exploitation on the back of both gang and child trafficking issues. The effective safeguarding of unaccompanied asylum seekers is also expected to become an increasingly prevalent issue in the coming months and years.

It is expected that the Young Person's Wellbeing Service will include a Named Nurse and a sessional Named Doctor input from a consultant psychiatrist and a safeguarding Link Worker system working across the Primary and Specialist Mental Health teams. The MCSB also has a scheduled programme of audits that are required to be facilitated and overseen by the Named Nurse.

In addition to the core services and supervision described the role should include consultation and training (a growing demand given the range of topics that need to be covered e.g. CSE, Child Trafficking, Gang Awareness, CDOP, E-Safety, FGM and Prevent). Additionally the role would make an important contribution towards the development of a more consistent and robust approach to monitoring and contributing to Child Protection processes within Medway and enhance data collection for quality assurance purposes.

Post abuse support (incl. Post Sexual Abuse, Child Sexual Exploitation and Young Person's IDVA)

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal		Additional/Targeted		Intensive	✓	Specialist	✓	

Abuse and trauma (including sexual abuse and child sexual exploitation) can have a profound impact on the social, economic and well-being young people. Victims of child sexual abuse often experience isolation from family and friends, dropping out of education altogether, mental health problems, addictions, and criminal behaviours. Certain factors such as poor emotional health and self-harm can also increase the likelihood of a child or young person experiencing sexual abuse in the future . Sexual abuse rarely occurs in isolation and children who experience sexual abuse are often faced with many other potentially traumatic events, such as neglect, physical abuse, parental mental health or substance abuse and living in poverty as well as other adversities.

Any child or young person may be at risk of sexual exploitation, regardless of their family background or other circumstances. However certain groups of children are more vulnerable sexual exploitation:

- children and young people who have a history of running away or of going missing from home and care
- those with special needs
- those in and leaving residential and foster care
- Care Leavers
- migrant children, including those who do not have a legal immigration status
- unaccompanied asylum seeking children
- children who have disengaged from education
- children who are abusing drugs and alcohol
- those involved in gangs
- those engaged in risky internet use

Specialist therapeutic support services are therefore required.

Services offered should include:

- Provision of a peer mentoring service or group
- Information and advice service to be provided in the community
- Integrated work with schools, public health and specialist services (LAC health & school nursing)) to raise awareness through proven strategies like “Chelsea’s Choice” or “Somebody’s sister, Somebody’s daughter”
- Provision of an Independent Sexual Violence Advisor to provide direct support to the most vulnerable groups of children and young people
- Children’s Groups
- Play Therapy
- Filial Coaching (supporting the development and improvement of the parent/carer and child relationship)
- Counselling
- Parent / Child Play Sessions

The independent Domestic Violence Advisor (IDVA) service is the key service that supports high level domestic abuse cases (MARACs). IDVAs caseload victims of domestic abuse who meet the threshold for a MARAC⁴ conference.

IDVAs help keep victims and their children safe from harm from violent partners or family. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis, to assess the level of risk. They:

- discuss the range of suitable options
- develop plans for immediate safety – including practical steps for victims to protect themselves and their children
- develop plans for longer-term safety
- represent their clients at the MARAC
- help apply sanctions and remedies available through the criminal and civil courts, including housing options

These plans address immediate safety, including practical steps for victims to protect themselves and their children, as well as longer-term solutions. One of the IDVA's key roles is to ensure that the decisions made at the MARAC conference and by the agencies, reflect the victims wishes.

Harmful sexualised behaviours

Requirements of Medway Young Person's Wellbeing Service provider							
Delivery in full	✓	Integrated working		In-reach support		Training	Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)							
Universal		Additional/Targeted	✓	Intensive	✓	Specialist	✓

This would be a specialist service component for small numbers of children and young people who may benefit from a detailed assessment of their behaviour and the risks they present, along with possible therapeutic intervention.

The service would provide a professional screening and assessment service for children and young people who exhibit harmful or inappropriate sexual behaviour, concerning the level of risk they pose to themselves and others and the likelihood of further sexual offending.

A risk assessment would provide advice with regard to the need for treatment or intervention to reduce/minimise further harmful sexualised behaviours, specifying the type of intervention, length and outcomes to be expected as well as the level risk they pose to themselves and others and the likelihood of further sexual offending

The provider would, therefore, need to have staff with skills and experience to support these children and young people and deliver the interventions required.

⁴ A MARAC, or Multi Agency Risk Assessment Conference, is a multi-agency meeting, which has the safety of high-risk victims of domestic abuse as its focus.

Acute and Crisis Pathway

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted			Intensive		✓	Specialist	✓

Intensive community outreach team

The service would have a dedicated acute and crisis pathway. The Single Point of Access (SPA) would direct all new referrals for same day and urgent (needing assessment within 1-7 working days) assessments to an Intensive Community Outreach Team.

The Intensive Community Outreach Team would deliver the acute and crisis pathway of the service to facilitate easier access to services for distressed Children and Young People and their families. The Intensive Community Outreach Team would have four main functions:

i. Rapid Response:

The team would provide a Rapid Response in assessing and planning the treatment of these Children and Young People. The criteria for Rapid Response would be:

- Evidence of signs and symptoms of a major mental illness such as major mood disorders, disabling anxiety or florid psychosis that is affecting daily functioning
- Evidence of severe suicidal thoughts and suicidal behaviour
- Evidence of an eating disorder which is seriously impacting on a young person's everyday living

After a Rapid Response Assessment, subsequent interventions for the Children and Young People would be agreed; this could include one of the following options: Brief crisis interventions through Intensive Community Outreach Team, referral to specialist part of the service for extended follow up in condition specific pathways, long term intensive outreach follow up within the Intensive Community Outreach Team, referral to highly specialised (Tier 4) services if inpatient admission is required, redirection to primary mental health and other voluntary agencies in primary care and/or discharge from services.

ii. Crisis Interventions:

These individuals would get brief interventions targeted at containing the crisis, ensuring the safety and stabilisation of their mental health and wellbeing. Following the brief interventions there would be three main pathways in which these individuals would be directed.

- Some Children and Young People would require more intensive follow up in the community and would continue to be followed by the Intensive Community Outreach Team
- Some would require further long-term follow up, extended assessments and treatment interventions in specialist settings and would be directed to the specialist part of the service
- Others may require support through the primary mental health service or other voluntary agencies and would be redirected to these agencies.

In rare cases they may be referred to Highly Specialist (tier 4) services for inpatient admission if the treatment in the community has failed to bring about stabilisation of their mental health and well being

iii. Outreach Function:

At any one time, the Intensive Community Outreach Team would have a small cohort of Children and Young People with severe and/or enduring and/ or complex and/ or resistant mental illness and/ or hard to engage patients where difficulties with engagement are assessed to be due to treatable mental health problems. These individuals would be offered intensive support in the community and the Intensive Community Outreach Team would monitor their mental and physical wellbeing in liaison with GPs, Paediatricians, and other agencies. The team would have robust links with police, social services, S136 Place of Safety, A&E and liaison psychiatry.

iv. Stepped Transition:

The Intensive Community Outreach Team would manage crisis and work to prevent inappropriate admissions as well as facilitate admissions into inpatient units where necessary through close links with the Specialised (Tier 4) service. The team would, in effect, gate-keep admissions and facilitate timely discharge by offering a stepdown facility to monitor vulnerable Children and Young People post discharge from inpatient units.

Out of hours services

Requirements of Medway Young Person’s Wellbeing Service provider								
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal		Additional/Targeted			Intensive	✓	Specialist	✓

There are 3 main types of problems that commonly present as an emergency:

- i. Those with an identified serious mental health problem e.g. psychosis, depression, and rarely very serious eating disorders. There is often a need for immediate admission (within 24 hrs)

- ii. Young people presenting to a general hospital ward via Accident and Emergency (A&E) departments following an episode of or attempted self harm
- iii. Children and young people with conduct disorders, out of control and challenging behaviour about which there is often inter-agency confusion and disagreement

It's anticipated that it will be necessary for prospective providers to work collaboratively across Local Authority boundaries to scope an appropriate level of Out of Hours (OOH) support for Children and Young People based on the anticipated needs in Medway.

The OOH service would focus on providing an emergency response to Children and Young People who present a significant risk to themselves or others and, depending on how the core Specialist service is structured, would be available 5pm-9am Monday to Friday and 24 hours per day over the weekend and bank holidays. This would need to be achieved by creating an integrated on call rota constituting multidisciplinary clinicians to meet the anticipated needs in Medway.

Clinicians on the OOH rota would offer a first line response while on call. This would involve assessing the initial situation over the phone and, where indicated, attending A&E, paediatric wards or other community settings in conjunction with police and/or social work services to undertake a fuller assessment. It's anticipated that clinicians on the rota would already be working within the Specialist and Intensive Community Outreach Teams and would, therefore, already be aware of potential OOH presentations and be ideally placed to develop appropriate intervention packages that avoid the need for Place of Safety or inpatient provision. The provider would be required to have a psychiatrist on call who could offer specialist advice and assessment under the MHA and Children Act.

Place of safety (PoS)

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted			Intensive	✓	Specialist	✓	

The service would be required to work with the Commissioner and through the Kent and Medway Mental Health Crisis Concordat to ensure access to an age appropriate PoS suite for Children and Young People within close proximity to Medway. Staff in this facility would need to be trained in enhanced procedures to support NICE guidance on the management of short term disturbed/violent behaviour in Children and Young People psychiatric settings and have specific training to work with Children and Young People to deliver age appropriate interventions within an age appropriate environment.

The PoS would need to work closely with a defined Out of Hours child and adolescent psychiatric on call rota to undertake all relevant Mental Health Act (MHA) and Children Act assessments and develop robust links with Medway's Approved MH Practitioner rota.

Out of Hours and PoS staff would need to develop a care pathway with Tier 4 providers to ensure smooth transfer of care if admission is required. The PoS would need to have strong links with the Intensive Community Outreach Team as well as other relevant support services, i.e. social services to ensure both on-going continuity of care is in place for MH needs as well as addressing other issues such as safeguarding and accommodation for those Children and Young People who do not require admission.

Medway Commissioners are in dialogue with Kent Commissioners and partner agencies through the Mental Health Crisis Concordat concerning S136 PoS capacity. Under current arrangements CAMHS S136 PoS is located at Littlebrook Hospital in Dartford (Kent and Medway Partnership NHS Trust – KMPT). The one suite is open to young people detained under S136 across Kent and Medway. Use of the suite is payable at an agreed hourly rate, outside of the core contract.

Draft

Substance misuse advice, support and recovery service

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full	✓	Integrated working		In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal	✓	Additional/Targeted	✓	Intensive	✓	Specialist		

Many children and young people who misuse drugs and alcohol have multiple related and co-morbid mental health problems and disorders. There are also striking similarities between the risk and protective factors of mental disorders and substance misuse, in the neurobiological basis of addictions and mental illness, and in response to treatment. Many young people misusing substances also share genetic factors linked with the emergence of mental health problems.

The aim of the Children and Young People Substance Misuse Service would be to provide specialist substance misuse treatment to young people and their families in Medway, through a care planned medical, psychosocial or specialist harm reduction intervention. These interventions would be aimed at alleviating current harm caused by a young person's substance misuse to themselves, their families and the communities in which they live.

The service would provide a complete assessment of the young person and support them and, if appropriate, their family to reduce the young person's substance use and decrease the likelihood of them becoming involved in substance-related offending.

The service would offer specialist support for Children and Young People who are experiencing problems with their own or someone else's use of alcohol or drugs as well as advice and information on alcohol and drug issues, assessment, individual counselling, home visits, detox and aftercare.

The service would provide specialist support and advice on substance misuse for young people as well as sexual health, including Chlamydia screening, diagnosis support around a young person's mental health, as well supporting transitions into adulthood and a needle exchange for under 18s.

In all cases the service would work with young people/children as individuals, treating them with respect and care, taking time to understand them and agreeing together how best to help.

Specific interventions would include:

- Drop in service
- Brief interventions and advice
- Comprehensive assessment and care planning
- 1:1 support and structured interventions
- Prescribing services
- Group work
- Support for those affected by parental or guardian substance misuse

Multi-disciplinary neurodevelopmental assessment

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted	✓	Intensive		✓	Specialist		

Assessment and diagnostic services for Children and Young People with neurodevelopmental disorders in Medway are currently provided across two different providers. Parents and carers tell us that it is sometimes difficult to navigate the system, and get the right support at the time they need it.

The existing services do not provide a bespoke pathway of treatment and support for these young people and is an area where additional resource is required, including dedicated consultant psychiatry and psychology time working across community paediatrics and emotional wellbeing/mental health services.

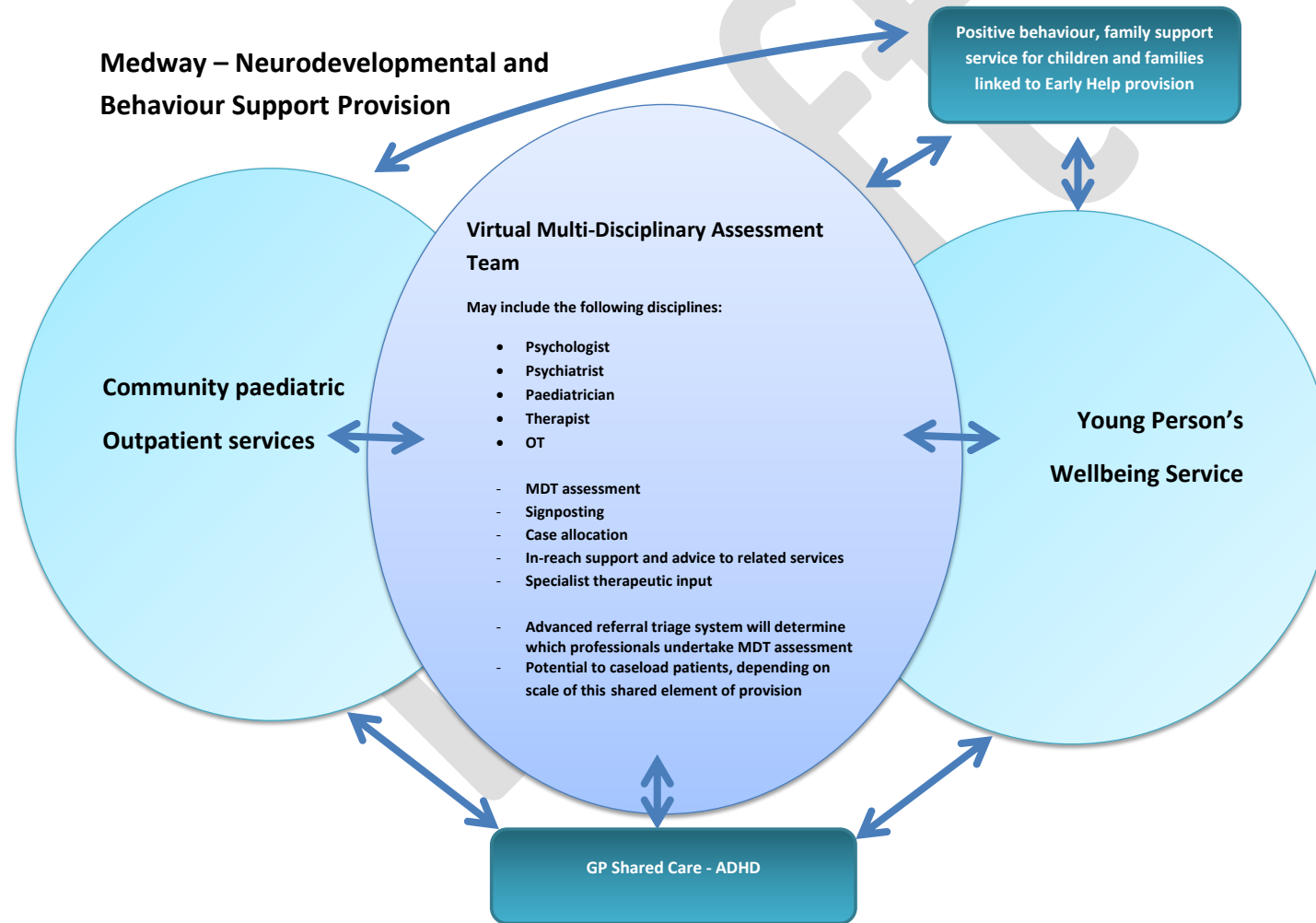
Partnership working and collaboration to reduce duplication and clarify roles, will be important. Key to the successful delivery of this pathway will be no long waiting times, no age gap and support for families with children already diagnosed.

For the purposes of the new service model, it is proposed to continue the current age parameters for assessment and diagnosis i.e. 0-11 within Community Paediatrics and 11+ (secondary school age) within the Young Person's Wellbeing Service. The Primary Mental Health team would need to build skills and fully develop the range of evidence based therapeutic interventions on offer and provide training and consultation to Universal and Targeted services, including positive behaviour as described below.

Joint working with the community paediatric service to agree protocols around the assessment, diagnosis and treatment of these children will be required under the contract, particularly in the case of complex and co-morbid conditions where it may be necessary to provide ongoing therapeutic input across these two services. In order to achieve this, Community Paediatrics and the Emotional Wellbeing Service will be required to dedicate resource to a virtual multi-disciplinary team, described in Figure 2 below.

The development of NICE compliant pathways on ADHD and ASC is a priority for Medway and the provider would be required to work with commissioners and other providers to re-design and implement these pathways.

Fig 3 – Multidisciplinary neurodevelopmental assessment



Positive behaviour, family support

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support	✓	Training	✓	Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted		✓	Intensive		✓	Specialist	

The Young Persons Wellbeing Service would contribute psychological support and therapeutic interventions as part of a multi-disciplinary approach to children, young people and their families/carers presenting with challenging behaviour and who may have a global learning disability and/or Autistic Spectrum Disorder. The service may initially comprise a 'virtual team' across the Medway Council Family Support Service, Community Paediatrics and primary mental health, linking with schools and other universal and targeted services as part of a wider continuum of support.

There are several cohorts of young people who would benefit from positive behaviour support, including:

- (i) Some children and young people currently rejected by the existing CAMHS SPA, due to no evidence of an identifiable mental health disorder
- (ii) Children and young people who have a diagnosis of ASD/ADHD or other neurodevelopmental disorder/global learning disability
- (iii) A smaller cohort of children and young people with very complex and comorbid conditions, some of who may be at risk of becoming LAC

The primary aim of the provision at the lower end of severity will be to prevent emerging emotional health and wellbeing issues from escalating further into more enduring mental health problems and, at the higher end of severity, to keep children and young people with their families within Medway, thereby improving outcomes for all family members. The multi-disciplinary team would provide individually tailored support to help manage a number of concerns experienced at home.

The Young Person's Wellbeing Service would be required to support partner agencies to work in dynamic and innovative ways to provide the best possible service and ensure that emotional wellbeing needs, at all levels of severity are met.

Support and interventions will be family-led, working to understand and support the significant impact of challenges experienced by families of children and young people with learning disabilities and/or ASD

Provision will focus on both prevention and intervention, endeavouring to help children and young people move towards attaining their ambitions and leading happy, healthy and fulfilled lives. The provision should provide intervention where necessary and intensive support to families reaching crisis with a step up and step down approach.

The range of interventions on offer will include:

- Workshops
- Groups

- Therapeutic work with children and young people, parents, carers and siblings
- Intensive support to families in or reaching crisis

Eligibility criteria would include young people aged 0-19 who are:

- resident in Medway and registered with a Medway GP
- have a diagnosis of Autistic Spectrum Disorder and/or a Global Learning Disability, or are waiting for a diagnosis and
- show additional behavioural difficulties, including challenging behaviour towards self, others and environment and sleeping, feeding and toileting difficulties which have not improved following standard community and paediatric interventions and advice

and / or

- show an emotional or mental health need that cannot be met by mainstream services including local primary and specialist mental health services with reasonable adjustments

The service would also contribute to parenting support programmes, including specialist support for ADHD and work with early years professionals and family support workers promoting attachment and positive relationships between parent and child. This could include recruiting parents from across the wider community to co-facilitate parenting programmes; ensuring parent and community involvement.

7. Other linked service components and pathways

Eating Disorders

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal		Additional/Targeted		✓	Intensive		✓	Specialist
								✓

Kent and Medway CCGs have agreed to commission a separate all-age (age 8+) Eating Disorder service to provide a specialist clinical pathway for patients with Eating Disorders. The service will clearly need to interface closely with the Young Person's Emotional Wellbeing service but the provision will be outside of the scope of this contract.

The Kent and Medway all age community eating disorder service specification focuses on early specialist intervention, and will provide the following improvements to service provision:

How things are now	The new model
Separate children's and adult service providers	All age (8 upwards) service provision
Risk of disengagement during transition from children's to adult services	No gap between children's and adult services
Delay in treatment at time of transfer	No gap between children's and adult services
Children's services provided within generic ChYPS service	Dedicated team with a greater breadth of skills and expertise across the age range
Referral criteria = BMI < 17	No BMI referral criteria
Unacceptable waiting times for assessment/treatment	Compliance with national access and waiting time standards
High use of in-patient beds (out of area)	Early identification and specialist treatment, improved cure and recovery rates and reduced demand for in-patient services
No commissioned early intervention services	Early intervention services included in new clinical care pathways
Patchy and inconsistent service delivery across Kent and Medway	Consistent provision of NICE compliant interventions across Kent and Medway
Difficult access for patients and carers due to distance from services	New pathway development will establish more local service provision

Key components of the proposed new service will be:

- Specialist patient and family interventions delivered by trained professionals, in the context of multidisciplinary services, which are highly effective in treating the majority of children and adolescents with eating disorders
- Focus on evidence based early intervention which will reduce the need for more intensive and expensive interventions, thereby reducing morbidity and mortality
- Direct access to specialist eating disorder out-patient services, which results in significantly better identification of people who require treatment

- Specialist eating disorder services offering a range of intensity of interventions and which will provide a consistency of care that is highly valued by families

The following summarises the key improvements the patient will experience from this proposed service:

- Reduced waiting times for assessment and treatment
- Early intervention and people seen at an earlier stage in their disease progression
- Improved awareness of eating disorders by GPs and primary care
- Treatment provided by a specialist multi-disciplinary team
- Specialised highly effective outpatient treatment including family interventions
- Care delivered from more accessible venues and closer to home
- An 'all age' referral pathway providing continuity of care, avoiding unnecessary waiting times and duplication of assessments
- Collaborative personalised care planning
- Reduced need for in-patient care, which often means patients being placed far away from their families/friends

Early Intervention in Psychosis (EIP)

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope	
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal		Additional/Targeted			Intensive	✓	Specialist	✓	

Early intervention in psychosis (EIP) is a clinical approach to those experiencing symptoms of psychosis for the first time. EIP has been delivered by two teams within Kent and Medway Partnership Trust (KMPT) for approximately 10 years and is made up of an East Kent and West Kent team and a Medway and North Kent team. The service was originally commissioned to see patients from age 14 to 25 years but this has now been expanded up to age 65.

The approach centres on the early detection and treatment of early symptoms of psychosis during the formative years of the psychotic condition. The aim is to reduce the usual delays to treatment for those in their first episode of psychosis. The provision of optimal treatments in these early years is thought to prevent relapses and reduce the long-term impact of the condition.

A new mandatory standard requires from 1 April 2016 that more than 50% of those aged 14 upwards (no upper limit) experiencing a first episode of psychosis start a NICE package of care within two weeks of referral. The new standard also includes patients with "At risk mental health state" (ARMS).

The service provider will be expected to interface effectively with the EIP provider in relation to indications of psychosis in children and young people.

Community Paediatric Health Services

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal		Additional/Targeted	✓	Intensive		✓	Specialist	✓

The majority of community paediatric health services are provided by Medway Foundation Trust and Medway Community Healthcare in Medway. Medway Foundation Trust provide the following services for children and their families:

- Community Paediatric Outpatient Service
- Children's Community Nursing Service
- Special School Nursing Service
- Learning Disability Nursing Service
- Special Needs Nursery
- Looked After Children Nursing Service

These services caseload children and young people with various presenting needs; providing medical and family-based interventions to help manage clinical risk and to ensure that families are able to manage effectively and build resilience.

In addition, paediatric therapy services are provided by Medway Community Healthcare, predominantly for children and young people that require speech and language therapy, physiotherapy, and occupational therapy.

Children and young people that have health conditions or therapeutic needs that would necessitate them being case loaded by these services, and that have comorbid emotional wellbeing / mental health difficulties, will also be case loaded within the emotional health and well being service model. Integration of delivery across service boundaries will be crucial to ensure that services are provided in a complimentary manner, and to facilitate improved outcomes for children and young people.

0-19 Public Health services

Requirements of Medway Young Person's Wellbeing Service provider								
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)								
Universal	✓	Additional/Targeted	✓	Intensive		✓	Specialist	

Medway Council commissions and provides a number of services linked to the healthy child programme, including the commissioning of health visiting services - the contract for which novated to the Council in October 2015. Within the suite of services that the public health service commission and provide, there is a strong link to well being including emotional health and well being. Public health commission a service which focuses on emotional health and well being awareness raising, delivered in Medway schools, for example.

A framework is being developed to identify key shared objectives and outcomes for these frontline health services in relation to emotional health and wellbeing and ensuring parity of esteem.

Integrated Youth Service

Requirements of Medway Young Person's Wellbeing Service provider									
Delivery in full		Integrated working	✓	In-reach support		Training		Outside of scope	✓
Expected level of need in line with Medway EH&WB Continuum of support (Fig 2)									
Universal	✓	Additional/Targeted		✓	Intensive			Specialist	

Medway Council is currently in the process of commissioning an integrated youth support service, to deliver careers information, advice and guidance, youth work, and a full youth justice offer. The planned timeline is to have a newly integrated service in place in January 2017. The commissioned provider will be required to work closely with partners to ensure that children and young people have access to a full offer of youth services, particularly for those young people that find services hard to access.

6. Reviewing pathways and support for vulnerable groups

As the new Emotional Wellbeing and Mental Health Service is implemented in Medway, it is clear that there is a need to review a range of pathways and support for meeting the emotional wellbeing and mental health needs for vulnerable groups of children and young people across the system, to ensure that effective integrated pathways are in place including for:

- Children and Young people with conduct disorders,
- Children and Young People at risk of or in contact with the Youth Justice System (in collaboration with the Health and Justice Commissioning Team)
- Children and young people at risk of child sexual exploitation and abuse
- Children and young people who have or may have Autism Spectrum Conditions or other neurodevelopmental disorders e.g. ADHD
- Children and Young People with Learning Disabilities
- Perinatal mental health

Medway Young Person's Wellbeing Service

Draft Procurement Timeline

Young Person's Wellbeing Service	
Task	Revised Timetable
Draft/Finalise Specification	September/October 2016
Draft OJEU contract notice & PQQ documents	September/October 2016
Finalise Tender documents - OJEU advert, PQQ docs, Ts & Cs, Specification	September/October 2017
Publish OJEU advert & Issue PQQ Documents - including draft spec & TUPE info	07/11/2016
Close of Bidders Questions	01/12/2016
PQQ Close - noon	08/12/2016
Evaluators' Briefing - pm	08/12/2016
Evaluation (2 weeks)	16/12/2016
Issue PQQ Results (Successful/Unsuccessful letters)	22/12/2016
Application for admission to KCC LGPS	05/01/2017
Draft ITT documents including pricing schedule	Jan-17
Issue ITT to Shortlisted Bidders	10/01/2017
Close of Bidders Questions	01/02/2017
ITT Close - noon	09/02/2017
Evaluators' Briefing - pm	09/02/2017
Evaluation and Bid Clarification (1 week)	16/02/2017
Evaluation - Provider Interviews (week ending)	23/02/2017
Moderation/Decision (1 day)	27/02/2017
Approval to Proceed - Procurement Board	15/03/2017
Approval to Proceed - CCG Formal Governing Body	29/03/2017
Approval to Proceed - Cabinet	01/04/2017
Successful/Unsuccessful letters	26/04/2017
Standstill Period Ends (10 days)	05/05/2017
Contract Signing	May-17
Mobilisation/Transition Period (4 months)	May - Sept 2017
Contract Go - Live	01/09/2017
Pre Qualification Questionnaire (PQQ)	
Invitation to Tender (ITT)	
Official Journal of the European Union (OJEU)	