

Children, Families, Lifelong Learning and Culture Select Committee



26 June 2019

Emotional Wellbeing and Mental Health (EWMH) Transformation Programme.

Purpose of report: Scrutiny of EWMH Programme.

Introduction:

1. In March 2019, the Health and Wellbeing Board approved 'A Thriving Community of Children and Young People in Surrey: A Strategy for Their Emotional Wellbeing and Mental Health'.
2. The Strategy recognised that the current system of support for children and young people's emotional wellbeing and mental health is not meeting current demand or need. As a system, we have made a commitment to children, young people and parents to deliver EWMH services differently in the future.
3. This item has been called to the Children, Families, Lifelong Learning and Culture Select Committee to update Members on the progress made as part of the Emotional Wellbeing and Mental Health Transformation Programme.
4. This paper outlines the situation with the current Targeted Children and Adolescent Mental Health Services (CAMHS) contract (jointly commissioned by the six Surrey Clinical Commissioning Groups (CCGs) and Surrey County Council, with the Council as the lead commissioner) awarded to Surrey and Borders Partnership NHS Foundation Trust, including the reasons why this contract has been extended until 31 March 2021. The Specialist CAMHS contract (jointly commissioned by the six CCGs) has also been extended to March 2021. The paper outlines the current national picture and guidance before providing an overview of the current Transformation Programme, its themes and specifically the work being undertaken in the Early Intervention workstream.

Contract Extension

5. There has been considerable number of referrals into the current provider for assessment and clinical intervention over the past three years. Both nationally and in Surrey, there is a consensus that we need to change the way we think about and deliver Emotional Wellbeing and Mental Health services for children.

Please see Appendix One for a comparative analysis of waiting times for the CAMHS provision by clinical pathway.

6. To ensure a robust planning, prototyping and development of services that will work and be most effective the Council and CCGs agreed to extend the contract for a period of two years. This will enable the transformation to be embedded and evaluated prior to the re-design of a new service. The learning will also be implemented into the current service to mitigate the challenges that have been experienced to date. It was not considered feasible to end the contract at the previously agreed date, as this would not have allowed enough time for the necessary procurement exercise nor for the learning required to improve the service to be embedded.
7. Therefore, it will not be an extension of the “as is”, merely allowing the continuation of service shortcomings and areas of poor performance, but rather a journey of transformation and improvement focusing on establishing early improvement that will be delivered throughout the journey of change in preparation for the re-procurement exercise.
8. The extended contract will expire in April 2021. The Transformation Programme, in conjunction with CCG colleagues, is aimed at testing new models of delivery now, to inform and feed into the future procurement of the contract in 2020/21.
9. Commissioners are aware of the risks associated with involving the current provider in a transformation programme that will feed into future procurement. The governance of the programme has been designed accordingly to meet this challenge, including through the designation of governance related to the future contract as commissioner-only. Any legal advice required, to ensure a fair and competitive tender process for the new contract, will continue to be taken as required.
10. Discussions are currently ongoing, between the Council and CCG colleagues, as to the approach for the procurement; once these have progressed further, a timetable and detailed risk analysis for this exercise will be set out and made available to Members if required.

National Context/Guidance:

11. The NHS 10 Year Plan recognises children and young people’s mental health as a priority and re-iterates the focus of the Five Year Forward View with a commitment to increased funding. As outlined in “Transforming children and young people’s mental health provision: a green paper”, national guidance calls for a closer link between clinical mental health services and schools.
12. Our Strategy states that we want to use the nationally-recognised THRIVE framework to help us consider how best to provide

improved support and services for children and young people with both emerging and diagnosable mental health difficulties. Our focus will be more holistic with a focus on prevention, as we move away from the traditional tiered approach in which the only perceived route to getting help is through referrals into targeted and specialist services, and which concentrates resource at the more specialised services.

13. Instead, we will use the THRIVE model, a framework for thinking about and commissioning mental health services for children and young people devised by the Anna Freud Centre, (see Appendix Two) to transform the whole system; to promote good emotional wellbeing and prevent poor mental health as well as providing a range of evidenced-based treatments as necessary. In line with the green paper, we will bring EWMH services closer to children, young people and their families – through schools, community hubs and other local services. There is a growing national evidence base for effective early intervention, including from the green paper pilots, which we are fully utilising in our work.
14. Through the CCGs, Surrey have submitted an Expression of Interest to NHS England to become a Trailblazer site, in Wave 2 of the national programme signalled by the Green Paper.

Engagement:

15. The vision is:
 - 15.1 'Develop a culture of emotional wellbeing and mental health support for children and families that is based on strengthening early intervention and prevention and building resilience. We will listen to and work in partnership with our community to give children and young people the best start in life.'
16. We heard during the Dartington engagement events that families feel children are left unsupported if they don't meet very high thresholds or are waiting for an assessment to take place. There is a strong feeling that earlier support would mean fewer crises. Non-specialists (e.g. teachers, youth workers, school nurses, GPs) need support to know how best to deal with children who are struggling. Largely they want to help but don't know how and are resource and time constrained in their ability to do so.
17. Specific feedback from practitioners and professionals during those sessions was that one of the most effective ways the current system could be improved would be to 'Identify and commit an additional proportion of the EWMH budget for early intervention and community support as soon as possible'. The current system is focussed on crisis intervention which does not effectively prevent more lower-level needs escalating to that point.

18. It was reflected that schools and existing community projects are the best mechanisms to deliver a new approach, as they have the reach and are looking for support to do this kind of work.

The EWMH Transformation Programme:

19. The Transformation Programme will accelerate the delivery of new ways of working through testing, establishing 'early adopters' of new models that will be tweaked, amended and developed before rolling them out across the county.
20. A transformation programme based around five themes has been approved by Committees in Common (see Appendix Three). The themes are in response to an extensive series of engagement workshops with professionals from across the system, parents, carers and young people.
21. These themes do not cover all aspects of the service but address key priorities for change. The Themes, and brief descriptions of activity, are as follows (more information can be found in the attached Appendix Three);

21.1 Access

- a) Ensure alignment of the Council, Surrey Heartlands (SH) and Surrey and Borders Partnership (SABP) front door and contact centre with the right professionals offering a graduated response at the right time. The Council and SABP have agreed an action plan for integration.
- b) One Stop has transferred into the Children's Single Point of Access and an improvement plan is in progress to improve decision-making and risk management.
- c) Improve digital access to information and support, such as virtual counselling. Significant uptake of online tools and apps like Kooth (online counselling and emotional well-being platform) has been achieved.

21.2 Early Intervention

- a) Provide new service models in three school clusters (primary, secondary and special) as Accelerator Sites to deliver early help services differently.

21.3 Social, Emotional and Mental Health (SEMH)

- a) Work with a cluster of schools to provide a different model of support for CYP with behavioural, emotional and neurodevelopmental disorders (such as Autism Spectrum Disorder or Attention Deficit Hyperactivity Disorder)

21.4 Vulnerable Groups

- a) Work with the new Family Safeguarding Teams to explore a new model of delivery by co-locating a Primary Mental Health Worker and Community Connector within two of these 22 Teams (four members of staff in total).

21.5 Crisis

- a) Ensure that Children and Young People (CYP) who are approaching or recovering from crisis and their families will be supported through a full range of services across all relevant agencies, building a robust multi-agency approach with joint accountability for outcomes; with integrated pathways and improved communication.
 - b) Develop a local Tier 4 (crisis support) offer with the potential for in-patient bed provision in Surrey.
22. By moving forward with these transformative ways of working, the system is enabling an innovative model of delivery and the opportunity to deliver meaningful and different outcomes for children and young people, with the confidence that this will take place within the local system that seeks a new, more collaborative approach with parents and children.
23. Given the complexity of the system, and the need to continue to fund existing services, we wish to accelerate the delivery of new ways of working through testing, establishing 'early adopters' (Accelerator Sites) of new models that will be tweaked, amended and developed before rolling them out across the county.

Accelerator Sites:

24. We are establishing four **Accelerator Sites** (three related to Early Intervention, one related to Social, Emotional Mental Health) in school settings to test ways of bringing early intervention, prevention and community support services into schools.
25. Schools were asked to submit their interest, on a cluster or multi-school basis, in becoming an Accelerator Site for either the Early Intervention or SEMH programme themes. The Transformation Programme received a large amount of interest in the programme and developed a set of criteria by which to select locations for these sites. These included;
- The need for **geographical spread** of Accelerator Sites across the count. The four chosen Accelerator Sites cover schools in multiple quadrants and three of the six CCGs;
 - The need to reach into **different types of schools**, to test the model across different educational settings. Proposed locations include a primary school-only Accelerator Site, a secondary school-only cluster and two mixed phase clusters. Two of the clusters include special schools and one of the clusters includes an alternative education provider.
 - The need to test the approach in **areas of most need**. We have drawn together a range of data to compare the potential cluster by, including percentages of students in receipt of Free School Meals (FSM), percentage with an Education and Healthcare Plan (EHCP), percentage of school population identified as having Special Educational Needs or Disabilities (SEND), the deprivation

index score for the geographic area surrounding each school (IDACI) and number of referrals for CAMHS into nearby GP practices.

26. Taken together, all of these criteria are aimed at ensuring the Accelerator Sites are placed in areas of high need, to ensure that this funding is allocated to areas which will be able to benefit from additional support immediately. The sites are as follows;

26.1 Spelthorne Cluster (Twelve schools, SEMH Accelerator Site)

26.2 Elmbridge Cluster (Four schools, Early Intervention Site)

26.3 Waverley/Farnham Cluster (Five schools, Early Intervention Site)

26.4 Tandridge Cluster (Five schools, Early Intervention Site)

See Appendix Four for a list of schools involved in these sites.

27. We are working with schools to develop these Accelerator Sites to be responsive to the needs of the local pupil population, with decreased need for referrals into existing provider service provision, via a co-design approach. We will locate additional staff in specific geographic 'cluster' areas, to deliver these services, as well as deliver additional capacity to the local Voluntary, Community and Faith Sector as part of expected increased demand for services in the Accelerator Site cluster areas.
28. Three of these sites, those focussed on Early Intervention, are being funded by CAMHS Transformation Fund monies held by local CCGs. This funding has been confirmed as of June 2019. It is likely that this funding will be enveloped to SCC to be drawn down from as and when required over the next twelve to eighteen months.
29. The fourth site, focussed on Social and Emotional Mental Health, will either be funded by the local Integrated Care System (through its Women and Children's' Workstream) or by Surrey County Council's Family Resilience Transformation Fund. This will be confirmed by mid-July.
30. We will commission an external partner to evaluate all of our transformation work, which will inform the specification for the new contract (to be written in early 2020).
31. The short-term aim is for the children involved in the pilots to have better emotional wellbeing, fewer mental health problems and receive better and timelier treatment for emerging mental health problems.
32. Following evaluation and any necessary changes, the new approaches will be incorporated into the future contract, county wide, to the benefit of all children in Surrey.

Crisis Workstream

33. The Crisis Theme has a mandate to improve the experience of children, young people and their families in Surrey experiencing a mental health and/or safeguarding crisis. The aim is to create a more timely and co-ordinated system response that improves outcomes and wherever possible avoids the need for admission into an inpatient service. For those requiring a bed-based service the aim is to reduce length of stay, avoid readmissions and provide a supported step-up and step-down experience.
34. Initial service mapping has been undertaken to support shared understanding of current crisis provision across settings and agencies in Surrey, as a baseline for our transformation projects.
35. At a June workshop involving stakeholders from across sectors to develop the system vision for a future model, a range of immediate 'quick wins' and 'mid-term' changes to improve the service experience for children, young people and families were identified. These include better access to crisis support out of hours, improved education in-reach, up-skilling universal frontline services, closer working across the statutory and 3rd sectors, joining-up advocacy and CYP Havens to increase consistency of support across the county.
36. The Crisis theme will now develop a detailed plan to take forward priorities identified.

Conclusions:

37. This report outlines the work done to date in establishing the Emotional Wellbeing and Mental Health Transformation Programme, the reasons for this and next steps in the Programme.
38. It describes how the engagement done to date has informed the work we are taking forward in order to address current issues of performance and ensure the best support is delivered for children and young people in Surrey.

Recommendations:

The Children's and Education Select Committee:

- a. note the progress made in the last period.
- b. agree to review the evaluation report (expected to be completed in early 2020) of the transformation work, in order to inform and influence the writing of the new service specification.

Next steps:

June 2019 – January 2020	Work on Accelerator Sites
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July 2019 - January 2020	Drafting of specification, including agreeing principles and reviewing best practice
September/October 2019	Potential market engagement event(s)
January - March 2020	Independent review of Accelerator Sites Documentation preparation/sign offs
April 2020	Publication of tender
August 2020	Tender Evaluation/Moderation
October 2020	Mobilisation of new contact
April 2021	Contract Live

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Sources/background papers:

1. [A thriving community of children and young people in Surrey: A strategy for their emotional wellbeing and mental health, 2019 – 2022](#)
2. [Dartington Engagement Report](#)
3. [NHS Long Term Plan](#)
4. [Five Year Forward View](#)
5. [Transforming children and young people’s mental health provision: a green paper](#)

Appendices

1. Comparative analysis of waiting times for the CAMHS provision by clinical pathway (Powerpoint)
2. Overview of THRIVE Model (Pdf)
3. Overview slides of Transformation Programme (PowerPoint)
4. List of schools involved in Accelerator Sites (Powerpoint Slide)