SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	201706-01
Service	Behavioural, Emotional and Neurodevelopmental (BEN) service (interim) for Children and Young People
Commissioner Lead	NHS North West Surrey Clinical Commissioning Group
Provider Lead	TBA
Period	1st October 2017 - 30th September 2019. Possibility of extension up to one further year
Date of Review	1st January 2018

1. Population Needs

1.1 National Context

1.2 local context and evidence base

1.1 NHS North West Surrey Clinical Commissioning Group (NWS CCG) is responsible for commissioning healthcare services for around 360,000 people in North West Surrey across the boroughs of Elmbridge (West), Runnymede, Spelthorne and Woking.

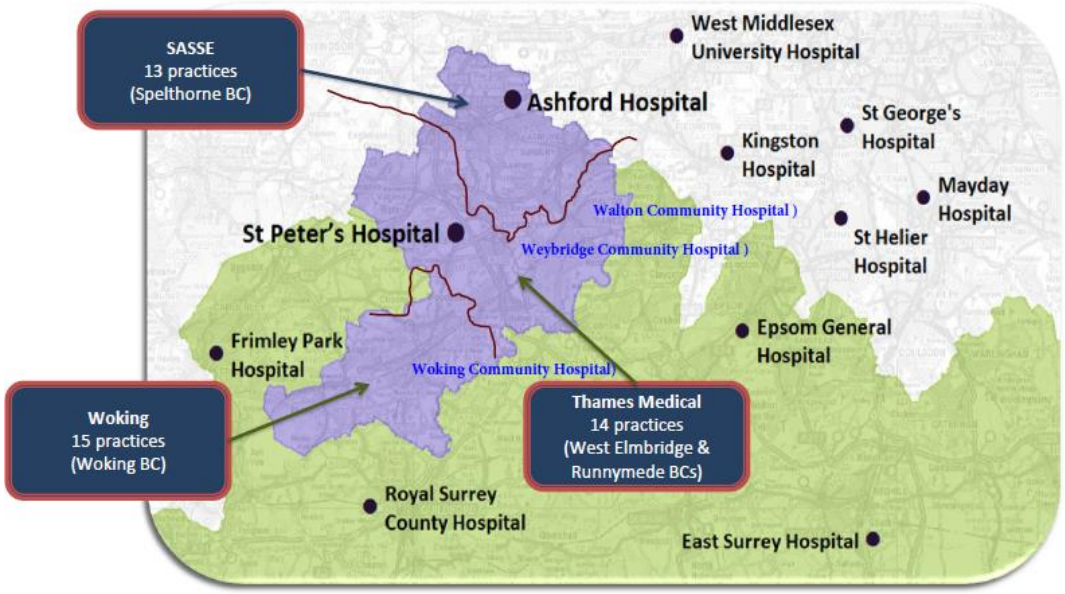
1.2 The boundary of the NWS CCG lies within Surrey County Council and includes all or part of four Surrey boroughs – Runnymede, Elmbridge, Spelthorne and Woking. A very small number of our population also lives within the Guildford and Surrey Heath areas.

1.3 There is one acute hospital trust within the CCG boundaries – Ashford and St. Peter's Hospitals NHS Foundation Trust, split between two hospital sites. The CCG's geographical configuration as a commissioner is based on the natural patient flows around those two hospitals.

1.4 As shown in Figure 1, the CCG operates across three geographical localities in North West Surrey:

- Thames Medical (comprising 14 GP practices)
- Stanwell, Ashford, Staines, Shepperton, Egham - often abbreviated as SASSE (13 practices)
- Woking (15 practices)

Figure 1: Map of three localities within NWS CCG area



1.5 The registered patient population of NWS CCG was 363,000 in April 2015. Roughly one in four residents are children and young people (0-19 years); one in six residents are aged 65 and older.

1.6 The population is expected to grow by 8% in the next 10 years but this increase will not be the same for all age groups. The proportion of children aged 0-14 will increase by 7% by 2025; the proportion of people 85 and older will increase by 43% over the same time period. However, in absolute numbers, in 2025 there will still be more than five times more children aged 0-14 than adults aged 85 and older.

1.7 Although the population is growing, there is a lack of affordable houses and this means that the population is not increasing as rapidly as in some other parts of the UK.

1.8 In terms of ethnicity, most residents of North West Surrey classify themselves as white (87%). Almost 3% describe themselves as Indian; a further 3% describe themselves as 'other Asian'. There are an estimated 721 Gypsy Roma Travellers in North West Surrey (0.2%). Although North West Surrey CCG has low levels of ethnic minorities overall, this varies between the four Surrey boroughs. Services need to be designed with the ethnic composition of the local population in mind.

1.9 The NWS CCG Health Profile 2015, prepared by Surrey County Council (http://www.surreyi.gov.uk) contains more information about the North West Surrey population, including specific population groups such as people with a physical disability (estimated to be almost 5,000; although the number will increase by 10% in the next 10 years) and learning disabilities (estimated over 5,000 residents, expected to grow by 21% in people over 65 with learning disabilities).

1.10 The NWS CCG has a legal duty to have regard to specific population

groups; characteristics such as disability and religion are protected under the Equality Act (2010). This means the NWS CCG must ensure that people with these characteristics are not discriminated against when accessing and using services.

1.11 In general, NWS is a very wealthy part of the UK but there are pockets of deprivation. People living in deprived communities often have more risky health behaviours and experience more long term conditions at earlier ages, with consequent impact for the individuals and the health service.

1.12 The five most deprived Lower Layer Super Output Areas (LSOAs) within North West Surrey CCG are in the wards of:

- Maybury and Sheerwater
- Goldsworth East
- Stanwell North
- Walton Ambleside
- Walton North

1.13 Life expectancy in NWS is higher than England, but lower than in the other Surrey CCGs. This is linked to areas of higher deprivation. There are stark differences in life expectancy between wards: the difference in life expectancy between the highest and the lowest NWS ward for men is 9.4 years and 10.8 years for women.

1.14 The incidence of ADHD in UK is estimated at between 3-9% with an incidence in the adult population worldwide currently at 2%. It has been estimated that approximately 1% of school-aged children meet the diagnostic criteria for severe combined type ADHD. (NICE, 2013). North West Surrey has commissioned an integrated Behavioural, Emotional and Neurodevelopmental (BEN) service for children and young people, from the prime provider of Surrey CAMHS.

1.15 This specification relates to a cohort of children who have been on the existing caseload of our local acute paediatric service, and have not accessed the CAMHS BEN service. It is anticipated that within the next CAMHS contract period, services for this cohort of children will be included within a single, streamlined BEN service for our population.

1.16 A small number of children under the care of this service are from the neighbouring NHS Surrey Downs CCG.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	**X**
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	**X**
Domain 4	**Ensuring people have a positive experience of care**	**X**
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	**X**

2.2 Local defined outcomes

Safe and effective transition of clinical management of the existing caseload of children currently scheduled for follow-up outpatient clinic care at Ashford and St. Peter's NHS FoundationTrust's behavioural paediatric outpatient clinics.

3. Scope

3.1 Aims and objectives of service

The service will provide safe and effective transition of clinical management of the existing caseload of children currently scheduled for follow-up outpatient clinic care at Ashford and St. Peter's NHS FoundationTrust's (ASPH) behavioural paediatric outpatient clinics to an interim service, pending full re-procurement of the Behavioural, Emotional and Neurodevelopmental (BEN) service for children and young people.

The service will work in partnership with local GPs for shared care of follow-up medication, based on the existing CCG Locally Commissioned Service (LCS).

The provider will work with the commissioner to ensure a smooth and safe transition of the caseload at the end of the contract period.

3.2 Service description/care pathway

The interim service will provide clinical management for the existing caseload of follow-up patients, transferred from ASPH. There will be no new referrals to the service.

The provider will predominantly be required to carry out annual reviews for patients of NWS CCG. Within NHS NWS CCG ongoing prescribing and monitoring of drug therapy is performed under shared care arrangements. All NWS practices have signed up to deliver the shared care arrangements which includes undertaking the 6 month review, as part of a locally commissioned service, monitoring the child's height, weight, blood pressure and pulse rate.

In NHS Surrey Downs CCG, shared care prescribing arrangements are in place, but no equivalent local arrangements are yet in place for 6 monthly monitoring, so the provider will be expected to undertake 6 month reviews for children from Surrey Downs, as required.

Current follows-ups are delivered by the local acute trust, Ashford and St Peter's Hospitals NHS Foundation Trust. The Trust has served notice and is unable to continue to provide the service due to staffing issues.

A total of 1222 children are currently scheduled for follow up at ASPH. This number reflects a reduced caseload following a recent case-note review undertaken by ASPH. A number of children were identified for onward referral to the local CAMHS service or considered appropriate for discharge. The incumbent provider is actively managing the transition of this cohort which is anticipated to have concluded prior to service transfer. If this process is not complete the incoming provider is expected to work in partnership with ASPH to ensure a smooth service mobiisation. On this basis, an annual appointment capacity figure of 1,636 has been used for the purposes of planning. If there is a further significant reduction in the number remaining on the caseload, by the time of contract signature, the activity

levels and financial value will be varied in proportion.

The service will be led by a consultant paediatrician or consultant child psychiatrist, who may be supported by additional staff such as a specialist nurse.

At their review appointment, the patients may be:

(i) Referred into Barnardos post-diagnostic support (For children from North West Surrey only; commissioned as part of the Surrey wide CAMHS contract)
(ii) (commissioned as part of the the Surrey wide CAMHS contract)
(iii) Discharged back to the care of their GP
(iv) Kept under the care of the new provider, for on-going annual follow up – e.g. under the shared care agreement for medication follow-up, until such time as the interim service transitions to another provider.

In the event that this interim service is extended for a futher period, follow-up clinics could be varied to a mix of consultant/nurse specialist input, reducing the skill mix and costs. Patients would continue to be eligible for the shared care LCS with our practices and consultant oversight would still be available for all patients.

The commissioner will review activity with the provider at 3 months, 6 months and 1 year after service start.

The expectation is for a consultant review of the follow-up caseload, costed at £298,622 for the exitsing caseload of 1,222 patients

3.3 Population covered

The existing caseload of follow-up patients, transferred from ASPH. There will be no new referrals to the service.

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance Criteria

Children and young people registered with either NHS Surrey Downs CCG or NHS NWS CCG between the ages of 5 and 18 years of age, transferred from the existing caseload of follow-ups from the behavioural clinics at Ashford and St. Peter's NHS FoundationTrust, at the point the service transfers to the interim provider.

Exclusion Criteria

The service is not open to new referrals, which should be directed towards other commissioned services:
CAMHS for children 6 years of age and over
Or
Community developmental paediatrics for children under 6 years of age.
Existing patients not registered with either NHS Surrey Downs or NHS NWS CCG

Does Not Attend (DNA) /Re-engagement policy

When a patient does not attend, an assessment should be made and acted upon. The provider should not close a case without informing the patient's GP that the

child has not attended, and the steps taken, such as the offer of one further appointment.

3.5 Interdependence with other services/providers

3.5.1 The provider will be expected to work with North West Surrey Practices to operate the Shared Care protocol under the GP Locally Commissioned Service (LCS). All 41 of the CCG's practices have signed up to provide shared care – see attached LCS.

The provider's responsibilities are to:

- Communicate with practices operating the shared care agreement, to update the GP after a child has been reviewed in clinic.

- To be available to respond, by exception, to a GP query in relation to the care of an individual patient, either to offer advice or to consider a review of the child, as needed.

The provider will be expected to continue the provision and assessment of hospital only drugs or drugs where there has not been a Shared Care Protocol agreed/accepted by GPs. These include hospital only guanfacine (Intuniv) and alimemazine and may include risperidone, sertraline, fluoxetine and melatonin where appropriate. This list of drugs is not exhaustive. The attached LCS Shared Care Agreement highlights the drugs currently agreed within the Shared Care Policy with Primary Care

3.5.2 Where appropriate, with the agreement of the child and their parent/carer, consider referral to the Post-diagnostic support commissioned from Barnardo's in Surrey, to support them in managing behaviour through non-medical strategies.

3.5.3 Surrey and Border's Mindsight Surrey CAMHS is commissioned as the prime provider of CAMHS services in Surrey, The provider would be expected to liaise with CAMHS and if necessary to ask the child's GP to refer to CAMHS if a child's needs were above the level of need or risk which the interim provider was able to manage.

4. Applicable Service Standards

The lists below are not exhaustive and the Provider must not consider that the absence of any national or local standards, or standards from a competent body, from the lists below, means that these standards should not be followed.

Where the Provider considers it appropriate to deviate from the relevant guidance, the Provider will be required to seek written approval from the Commissioner prior to deviating from the guidance. The Commissioner reserves the right to decline any such request.

There may also be circumstances where the Commissioner feels it appropriate to deviate from the guidance. The Commissioner will confirm to the Provider, in writing, the deviation and the rationale. The Provider will be expected to implement the change within an agreed timescale, but in any event, no longer than three months.

4.1 Applicable national standards (eg NICE)

The National Institute for Health and Care Excellence has produced evidence based clinical guidance on a number of areas relevant to a Child and Adolescent Mental Health Service. This specification links to the following NICE Quality Standards and will be reviewed upon the publication of further guidance. The list below is not exhaustive. It is expected that the Provider will follow these best practice clinical guidelines where possible.

- Health and wellbeing of looked-after children and young people
- Self-harm
- Attention deficit hyperactivity disorder
- Depression in children and young people
- Anxiety disorders
- Antisocial behaviour and conduct disorders in children and young people: pathway
- Antisocial behaviour and conduct disorders in children and young people: recognition, intervention and management
- NICE (2014) public health guidance 50 - Domestic violence and abuse - how health services, social care and the organisations they work with can respond effectively
- When to Suspect Child Maltreatment – NICE Guidance 89, 2013.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

4.3 Applicable local standards

- Locally agreed clinical standards, pathways, guidelines, such as Shared Care Arrangements.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

CQUIN DOES NOT APPLY

6. Location of Provider Premises

Children and young people and their families / carers want to be able to access services easily. The Provider needs to be sensitive to the needs of users and aim to provide access in a local setting or settings, within North West Surrey geographical area .

The Provider's Premises are located at:

TBC WITH THE COMMISSIONER POST AWARD

7. Individual Service User Placement

NOT APPLICABLE