# SCHEDULE 2 – THE SERVICES

1. **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.** | **Preventing Young People from Escalating into EWMH Crisis** |
| **Service** | Lancashire & South Cumbria STP - Children and Young People’s Emotional Wellbeing and Mental Health  |
| **Commissioner Lead** | Julia Westaway, Morecambe Bay CCG (on behalf of STP) |
| **Provider Lead** |  |
| **Period** | November 2017 – March 2018 |
| **Date of Review** | March 2018 |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

**Forward**Following successful award, the offer was discussed with Greater Together and the Families Health and Wellbeing Consortium who felt the amount of funding available was insufficient for a consortium bid and the timeline available for mobilisation too restricted. It was therefore agreed for the opportunity would go out for tender across across the voluntary community and faith sector (VCFS) to apply to lead on the implementation of the following specification which includes the selection of wider VCFS partners to support delivery.**Background** NHS England Children and Young People’s Mental Health transformation programme and Specialised Commissioning are working with CCGs, Local Authorities and providers across the NHS, education, voluntary and statutory and partners to deliver system wide improvements for children and young people’s mental health (CYP MH). This includes a strategic aim to strengthen the link between CYP MH inpatient and community services through place based commissioning and as community services develop, reduce the need for inpatient services. The delivery of this strategy requires a continued focus on developing and enhancing CYP MH community based services and investment in crisis and intensive community support services.There is increasing evidence that community mental health care is more effective in terms of access, length of treatment, experience and outcomes for children and young people, as well as requiring less resource than inpatient care. Community treatment also allows children and young people to remain at home, in school and with their family and friends, avoiding the need to travel long distances to access the small number of inpatient beds across the country.There are gaps within current mental health crisis and liaison services across all ages but for children and young people the anticipated gap is large. In 2016-17 only 48% of Trusts within NHS Benchmarking Network referenced any kind of MH crisis service for under-18 year olds.NHSE has invited Clinical Commissioning Groups (CCGs) and providers of inpatient and community children and young people’s mental health services to join a regional initiative to work at pace in 17/18 to accelerate plans to develop crisis and intensive community support bringing care closer to home for children and young people. A bid has been submitted on behalf of Lancashire and South Cumbria Sustainability and Transformation Partnership (STP) to join this North regional initiative. The funding for the initiative is non-recurrent, so we have not been able to use it to develop an intensive home treatment service, instead we are focusing the bid on improving skills and capacity amongst families, carers, residential sector providiers, 3rd sector and Child and Adolescent Mental Health Services (CAMHS) teams. **Local Context**The STP footprint maps to two Local Transformation Plans, the South Cumbria area is within the Cumbria-wide LTP, whilst the rest of the STP is covered by the Lancashire LTP.A population of 454,200 children & young people approximately which is 23% of the population of Lancashire and South Cumbria* Child hospital admissions for mental health conditions in Cumbria and Lancashire (98.9 per 100,000) are significantly higher than the England average (87.6 per 100,000). This bid aims to risk stratify those children and young people who are most at risk of being admitted within the next 12 months and create a dynamic risk register of CYP with mental health needs
* The STP has a high proportion of children looked after (CLA). National estimates suggest that 45% CLA aged 5-17 years’ experience a mental health disorder with escalating crisis frequently leading to placement breakdown. Carers need to have the support and training, CLA with complex needs often have repeated paediatric ward admissions, tier 4 admissions and multiple specialist placements without a positive outcome.

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| **Total number of bed days for CYP under 18 in CAMHS tier 4 wards** |
|  |  |  |  |  |
|  | Q1 | Q2 | Q3 | Q4 |
| **National** |            107,701  |            95,378  |            102,567  |            103,421  |
| **Lancashire & SC STP** |                 2,122  |              1,798  |                 1,511  |                 1,629  |

The number of bed days nationally has remained static with a slight dip during Q2 period. STP level the bed days have reduced for first three quarters with a slight increase during quarter 4.

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| --- |
| **Total number of admissions for CYP under 18 in CAMHS tier 4 wards** |
|  |  |  |  |  |
|  | Q1 | Q2 | Q3 | Q4 |
| **National** |                4,399  |              2,967  |                 2,434  |                 1,348  |
| **Lancashire & SC STP** |                       75  |                    34  |                      27  |                   10 |

The number of admissions which have shown a decrease over the four quarters nationally and on a STP level. The decrease potentially suggests that this is due to bed availability |
| **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** |  |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  |
| **Domain 4** | **Ensuring people have a positive experience of care** |  |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |

**2.2 Local defined outcomes**The two Local Transformation Plans (LTP) under the Lancashire & South Cumbria STP set out the objectives to address the needs of CYP in crisis, in collaboration with partners in local authorities, education, the VCFS, police, ambulance, commissioners and youth offending teams. These plans are consistent with the Crisis Care Concordat Plans for Lancashire and Cumbria. * Provide targeted support for families and carers of CLA, enabling them to better support young people, as requested by parents during consultation and in line with our ambitions to improve care for the most vulnerable and implement THRIVE
* Increase pro-active care planning
* Build community capacity by working with VCFS partners
* Support workforce development across the wider CYP workforce
* Accelerate the provision of an alternative safe place for very complex young people
* Provide support to schools, residential and other settings supporting young people in crisis
 |
| **3. Scope** |
| **3.1 Aims and objectives of service****Aim:** To reduce admission to inpatient mental health facilities and admissions to acute hospitals of young people in crisis by improving the capacity of families, the CYP workforce and the local community to promote resilience at times of crisis and prevent and de-escalate crisis.   **Objectives:****Service component 1**As part of the delivery of the proposal outlined, the transformation programme are seeking to commission **Component 1** from 3rd sector providers. The maximum funding available for this component is £98,553. The requirements of component 1 are as follows* Commission 3rd sector organisations to shape self-help tools and training for professionals, parents and carers to prevent escalation to crisis.
* Identify young people most likely to be admitted to tier 4 within the next 12 months
* Work with the cohort of CYP and their parents/supporters to develop and deliver to families, carers and settings (schools, residential settings etc.) a training programme and supporting resources to prevent escalation to crisis
* Develop care plan/passport
* Train local third sector providers to deliver the training to families and settings; establish communities of practice to ensure sustainability and establish peer support groups established from the CYP cohort
* Use learning and feedback from families to inform future plans regarding what support would be helpful to prevent the requirement for an inpatient admission

**A separate process will be implemented for Components 2 and 3 and they are included here for information only****Service Component 2,** **For information only** – Increase skills amongst EWMH providers to minimise the need for admission, improve communication during admission and maximise likelihood of meeting therapeutic needs post discharge**Service Component 3****For information only** – Funding from the bid will be used in the acceleration of the existing ‘safe place’ in Blackburn with Darwen to provide a tier 4 Step up/ Step down facility for children with complex needs This would be an alternative to a care placement whilst a robust care package is put into place, allowing comprehensive robust assessment of the CYP in a non-clinical holistic environment where previously they would have presented in A&E, paediatric ward and tier 4 services.**3.2 Service description*** To work with the families/carers/residential settings within the cohort to enable them to be better able to support CYP to prevent escalation to crisis. This will include:-
	+ identification of assets in local communities
	+ the development of Wellness Action Plans to help young people and their support network to take ownership of their mental health
	+ engagement to inform the development of “passports” to be held by the young person to assist them in informing others about their story, medication and how they wish to be talked to in order to help avoid escalation of crisis situations (NB subsequent design and printing of the passports is outside the scope of component 1)
* To co-produce with the cohort of CYP and their parents/carers/residential settings a training programme and supporting resources to upskill others and strengthen pathways
* Delivery of the training to the target cohort of parents/carers/residential settings
* To train local third sector providers across the STP footprint to deliver the training to other families/carers/residential settings and establish communities of practice to ensure sustainability. The provider of component 1 will be required to undertake a selection process to identify the 3rd sector providers to be involved in delivering the training. This selection process should include clear agreements, expectations and resource.
* Following training, communities of practice will be established to maintain shared learning across the STP footprint.
* To work with the cohort of families/carers/residential settings to develop sustainable peer support groups across the STP area supported by local third sector providers . These groups should be sustainable after the end of the funding.
* Through engagement with the cohort families/carers/residential settings, to develop an understanding of what support would be helpful to prevent the requirement for an inpatient admission. This should be written up within the final report to inform future service developments.

Support the delivery of the crisis care element of the LTPs in enabling:* Provide targeted support for families and carers of CLA, enabling them to better support young people, as requested by parents during consultation and in line with our ambitions to improve care for the most vulnerable and implement THRIVE
* Increase pro-active care planning
* Build community capacity by working with VCFS partners
* Provide support to schools, residential and other settings supporting young people in crisis

**CYP and their families will be active participants in delivery of this service*** Co-production of service design for component 1
* Individual support for families will recognise CYP and their families as experts by experience and empower individuals with self-care strategies, to help individuals recognise assets in themselves and their communities
* Development of CYP owned passport to help CYP share their story
* The engagement undertaken will also ensure that families and CYP remain active participants in future service developments.
* Parent/carer representatives will be invited to sit on the Task and Finish Group leading the project

**3.3 Population covered**Lancashire and South Cumbria STP’s CAMHS providers and other partners will identify the young people thought most likely to have repeat admissions to paediatric wards or be admitted to mental health inpatient beds within the next 12 months. The parents/carers/residential facility carers/voluntary sector providers of those young people are the target cohort**3.4 Any acceptance and exclusion criteria and thresholds*** In terms of admissions to acute hospital paediatric wards, it has been decided to focus on those young people most likely to have repeat admissions, rather than anyone likely to have an admission.
* The cohort are exetced to have a range of presenting conditions including mental health, learning disability, autistic spectrum conditions, emotional and behavioural needs and combinations of the above. Inclusion in the target cohort is not dependent on presenting condition other than that the young person is likely to require repeat admissions to a paediatric ward in crisis or require admission to a specialist inpatient facility.

**3.5 Interdependence with other services/providers**The two LTPs under the Lancashire & South Cumbria STP set out the objectives to address the needs of CYP in crisis, in collaboration with partners in local authorities, education, the VCFS, police, ambulance, commissioners and youth offending teams. These plans are consistent with the Crisis Care Concordat Plans for Lancashire and Cumbria. * The services across the STP footprint are fragmented with some areas of excellence and others which are not providing the care that young people require. The STP population is serviced by four CAMHS teams with differing capacity and funding. The East Lancashire Child and Adolescent Service is able to provide a tier 3.5 service, others are not.
* There is a generic CAMHS inpatient unit within the footprint however a significant number of young people go outside of area both because they need specialist inpatient provision (e.g. Learning Disability, Psychiatric Intensive Care Unit, Eating Disorders) and because local capacity is used for Out of Area cases leaving insufficient local bed capacity for the need of the local population
* Assessment for tier 4 provision often identifies young people for whom admission to inpatient provision is not deemed to be appropriate because admission could worsen their condition. There is currently very little support available to families/carers in this situation.
* During consultation on the crisis pathway, parents expressed their concern that there wasn’t any support for them even though they provide the majority of the care for young people in crisis.
* There is very limited outreach from Tier 4, mainly functioning as an assessment team rather than providing outreach support.
* There is a Safe Place providing assessment, respite support and short stays for complex young people in Blackburn with Darwen, however this is the only provision of this kind across the STP. In other areas complex young people often remain inappropriately on the paediatric wards for long periods of time whilst tier 4 or specialist residential placements are identified.
* Whole system pro-active care planning does not take place routinely to avoid the escalation of Mental Health crisis.
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| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**The following list of national standards is not exhaustiveBorderline personality disorder: recognition and management Clinical Guideline (CG78) <https://www.nice.org.uk/guidance/cg78> Self-Harm NICE Clinical Guideline (CG16)<https://www.nice.org.uk/guidance/CG16>Child abuse and neglect NICE guideline (NG&76)<https://www.nice.org.uk/guidance/ng76>Depression Children and Young People Quality Standards (QS48)<https://www.nice.org.uk/guidance/QS48>Social Emotional Wellbeing, Local Government Briefing NICE Guidance (LGB12)<https://www.nice.org.uk/guidance/lgb12/resources/social-and-emotional-wellbeing-for-children-and-young-people-pdf-60521143067845>Learning Disability Mental Health Problems Quality Standards (QS142) <https://www.nice.org.uk/guidance/indevelopment/gid-qs10007>Attention deficit hyperactivity disorder: diagnosis and management: Clinical Guidance <https://www.nice.org.uk/guidance/cg72> Autism spectrum disorder in under 19s: recognition, referral and diagnosis: Clinical Guidance<https://www.nice.org.uk/guidance/cg128> Eating Disorders NICE Clinical Guidance <https://www.nice.org.uk/guidance/ng69>**4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)**Recent research indicates that the most common reason for tier 4 admissions is neurotic behavioural, personality disorders and pervasive developmental disorders. Trauma and attachment issues are key factors of Personality Disorder presentations, which EWMH staff are currently not skilled in. Sue Bailey (2011) Emerging Personality Disorder in Adolesence, RCPsych <https://www.ranzcp.org/Files/Conference/FCAP_Forensic2011/Sue_Bailey_Sat-pdf.aspx> Prevention and early intervention for borderline personality disorder: a novel public health priority (2017)<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5428197/>**4.3 Applicable local standards**  Not applicable |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-C)**
	2. **Applicable CQUIN goals (See Schedule 4D)**

Not applicable |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:**Not applicable |
| **7. Individual Service User Placement** |
| Not applicable |

**Proposed Intervention and Outcome:**

**For each intervention below please indicate the time required and the associated cost**

| **Intervention/Deliverable** | **Intended Outcomes** | **Delivery date**  |
| --- | --- | --- |
| 1. Work with the families/carers/residential settings within the cohort to enable them to be better able to support CYP to prevent escalation to crisis. This will include:-
	* identification of assets in local communities
	* the development of Wellness Action Plans to help young people and their support network to take ownership of their mental health
	* engagement to inform the development of “passports” to be held by the young person

  | * Improve skills & confidence regarding managing crisis amongst the cohort families/carers/residential settings
* Each cohort young person to have a Wellness Action Plan
* Cohort young people’s views collated to inform design of passport
 | 31/3/18 |
| 1. Co-production with the cohort of CYP and their parents/carers/residential settings of a training programme and supporting resources to upskill others and strengthen pathways
 | * Co-produced training programme and supporting resources
* Cohort families/carers/residential settings feel that they have been engaged
 | 31/3/18 |
| 1. Delivery of the training to the target cohort of parents/carers/residential settings
 | * Improve skills & confidence regarding managing crisis amongst the cohort families/carers/residential settings
 | 31/3/18 |
| 1. Training of local third sector providers across the STP footprint to deliver the training to other families/carers/residential settings and establish communities of practice to ensure sustainability
 | * Defined selection process regadring selection of 3rd sector training providers
* 3rd sector providers with geographical spread across STP trained
* Commitment from 3rd sector training providers to sustain training after end of project
 | 31/3/18 |
| 1. Establishment of communities of practice to maintain shared learning across the STP footprint.
 | * Communities of practice established with geographical spread across STP
 | 31/3/18 |
| 1. Establishment of sustainable peer support groups across the STP area supported by local third sector providers to continue to support the cohort of families/carers/residential settings.
 | * Peer groups established and sustainable after the end of the funding.
 | 31/3/18 |
| 1. Through engagement with the cohort families/carers/residential settings, to develop an understanding of what support would be helpful to prevent the requirement for an inpatient admission
 | * Written report of what cohort family/carer/residential setting views on what would help prevent admissions
 | 31/3/18 |
| 1. Production of Final evaluation report
 | * Draft report produced
* Final report produced
 | 18/5/1831/5/18 |

**Requirements**

* The Transformation Board is seeking bids from bidder organisations that can successfully provide appropriate capacity to manage the implementation of this project.
* This project may be delivered by an alliance of organisations, in which case a lead provider should be identified to coordinate the project.
* The successful Provider shall demonstrate recent experience in delivering equivalent projects.
* The proposal should incude:
	+ A well-developed plan for Component 1 that is ready for implementation to commence before mid November 2017, with new service to be fully operational within 17/18.
	+ The proposal should detail how the work will fit as part of the whole system approach to improving emotional well-being and mental health
	+ The proposal should demonstrate that it will improve family and community capacity
	+ A robust breakdown of funding applied for and how this will be used.
	+ Clear sustainability plans to evidence how the benefits will continue beyond April 2018
	+ Commitment to meet reporting requirements – including demonstration of progress against project milestones, objectives and performance metrics

**SCHEDULE 2 – THE SERVICES**

* 1. **Specialised Services – Derogations from National Service Specifications**

| **Not applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Indicative Activity Plan**

| **Not applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Activity Planning Assumptions**

| **Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Essential Services (NHS Trusts only)**

| **Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Essential Services Continuity Plan (NHS Trusts only)**

| **Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Clinical Networks**

| **Insert details/web links as required\* or state Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Other Local Agreements, Policies and Procedures**

| **Insert details/web links as required\* or state Not Applicable** |
| --- |

**\* ie details of and/or web links to local agreement, policy or procedure as at date of Contract. Subsequent changes to those agreements, policies or procedures, or the incorporation of new ones, must be agreed between the Parties.**

**SCHEDULE 2 – THE SERVICES**

1. **Transition Arrangements**

| **Insert text locally or state Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Exit Arrangements**

| **Insert text locally or state Not Applicable** |
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**SCHEDULE 2 – THE SERVICES**

1. **Transfer of and Discharge from Care Protocols**

| **Insert text locally** |
| --- |

**SCHEDULE 2 – THE SERVICES**

1. **Safeguarding Policies and Mental Capacity Act Policies**

| **Blackburn with Darwen CCG**<http://www.blackburnwithdarwenccg.nhs.uk/wp-content/uploads/sites/12/2014/03/FINAL-BwD-CCG-Safeguarding-Policy-8th-October-2015-ratified-4th-November-2015.pdf>**Blackpool CCG**<http://blackpoolccg.nhs.uk/wp-content/uploads/2013/02/Annual-report-safeguarding-2015-16.pdf>**East Lancashire CCG** <http://eastlancsccg.nhs.uk/about-us/documents/1353-elccg-sg05-v3-safeguarding-children-and-vulnerable-adults-policy-1>**Fylde and Wyre CCG**<http://www.fyldeandwyreccg.nhs.uk/download/policies/corporate/FWCCG-Safeguarding-Children-and-Adults-Policy-Sept-2015-Final.pdf>**Greater Preston and Chorley and South Ribble and West Lancashire CCG’s**<https://www.chorleysouthribbleccg.nhs.uk/safeguarding-children-and-young-people>**Lancashire Safeguarding Children’s Board**<http://www.lancashiresafeguarding.org.uk/resources/key-guidance-policy-documents.aspx>**Morecambe Bay CCG**<https://www.morecambebayccg.nhs.uk/about-us/publications/policies-and-procedures/safeguarding/141-lnccg-safeguarding-children-and-vulnerable-adults-policy-v10/file>**Cumbria Safeguarding Children’s Board**<http://cumbrialscb.proceduresonline.com/> |
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**SCHEDULE 2 – THE SERVICES**

1. **Provisions Applicable to Primary Care Services**

| **Not Applicable** |
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**SCHEDULE 4 – QUALITY REQUIREMENTS**

1. **Local Quality Requirements**

|  | **Quality Requirement** | **Threshold** | **Method of measurement** | **Consequence of breach** | **Timing of application of consequence** | **Application** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Outcome measures** Family support: pre, post and follow-up measures* Warwick-Edinburgh Mental Wellbeing Scores (WEMWBS)
* Confidence to be able to self-care/ manage condition
* % complete a wellness action plan
 | Not applicable | Completion of wellbeing scores, questionnaire, count of wellness action plans completed cf number of young people participating |  | Monthly | Provider |
|  | Family /carer /residential provider training attendance, demographics and evaluation will be monitored including:* Improved confidence to support CYP approaching crisis
 |  | Attendance and engagementQuestionnaire |  | Monthly | Provider |
|  | Peer support attendance and quarterly case studies will also be completed |  | Count of identified cohort attending peer supportCase studies quarterly |  | Monthly | Provider |
|  | All CYP and families involved engaged in training design or informing future service design will be asked to feedback on their experience of engagement |  | Questionnaire / Face to face interview /feedback |  | Monthly | Provider |
|  | Increased EWMH workforce skills to manage crisis * Number of staff/EWMH workforce trained
 |  | Number of workforce participating in training |  | Monthly | Provider |

**Documents supplied by Commissioners**

# SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS

1. **Reporting Requirements**

|  | **Quality Requirement** | **Threshold** | **Method of measurement** | **Consequence of breach** | **Timing of application of consequence** | **Application** |
| --- | --- | --- | --- | --- | --- | --- |
|  | A&E attendance | **5% (110)** | **Local Data Sets** | **N/A** | **N/A** | CSU Business Intelligence |
|  | DGH bed days | **<Reduce number** | **Local Data Sets** | **N/A** | **N/A** | CSU Business Intelligence |
|  | DGH admissions | **5% (13)** | **Local Data Sets** | **N/A** | **N/A** | CSU Business Intelligence |
|  | DGH re-admissions | **<Reduce number** | **Local Data Sets** | **N/A** | **N/A** | CSU Business Intelligence |
|  | Tier 4 admissions (bed days) | **3% (239)** | **Local Data Sets** | **N/A** | **N/A** | CSU Business Intelligence |
|  | Tier 4 re-admissions | **< Reduce** | **Local Data Sets** | **N/A** | **N/A** |  |