**Appendix 1 SCHEDULE 2 – THE SERVICES**

1. **Service Specifications**

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| **Service Specification No.** | CYPMHS/2019 |
| **Service** | Children and Young People’s Mental Health Service |
| **Commissioner Lead** | Patrick Otway - Head of Commissioning (Mental Health, Children. Maternity and Specialised Services) |
| **Provider Lead** |  |
| **Period** | 3 years (with potential for 2 year extension) |
| **Date of Review** | September 2022 |

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| 1. **Population Needs** |
| * 1. **National/local context and evidence base**   There has been universal acknowledgment in policy over the past ten years of the challenges that are faced by children and young people in building resilience and psychological wellbeing. For those children and young people with diagnosable mental health problems and their parents, carers and the agencies that support them, the challenges are even greater. A number of disorders are persistent and will continue into adult life unless properly treated. It is known that half of all mental health conditions start by 14 years of age but most cases are undetected and untreated.[[1]](#footnote-1)  As children and young people’s emotional wellbeing and mental health affect all aspects of their lives, no one service alone will be able to meet all of their needs. There is a duty of co-operation placed upon commissioners and services to work together for the benefit of children and young people.  There have been significant changes in Government policies and strategies during the last five years; in particular the ambitions which have been outlined in Future in Mind (2015); the Five Year Forward View for Mental Health (2016) and the NHS Long Term Plan (2019). National and local clinical consensus agrees that there is a need to adopt a whole system, person-centred approach to delivering safe, effective and relevant mental health services for children and young people. Better partnership working, earlier intervention and prevention methods will help to avoid children and young people requiring more intensive support.   * 1. **Local Context**   As per the Borough Profile (2019)[[2]](#footnote-2) the population of Barnsley is circa 243,341. The 0-18 population is 52,858 (21.7%) and the estimated prevalence of children and young people with a diagnosable mental health condition is 5,080 (9.6%).  In addition to this:   * Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, and this is also the case in Barnsley. Barnsley has a rate of 695.2 per 100,000 populations for hospital admissions as a result of self-harm (young people aged 10–24 years). This rate is higher than the England average (421.2 per 100,000) and the highest in the Yorkshire and Humber region (404.4 per 100,000). Nationally, levels of self-harm are higher among young women than young men.[[3]](#footnote-3) * Barnsley has a rate of hospital admissions for mental health conditions in children and young people (aged 0-17) of 67.7 per 100,000 populations in 2017/18. The rate in Barnsley is lower than the England average of 84.7 per 100,000 but higher than the Yorkshire and Humber average of 58.9. * The number of Children in Care in Barnsley is currently 301. There are also 180 out of area children in care placed in Barnsley. * The percentage of Barnsley school-age pupils with special educational needs (SEN) is 14.7% which is higher than the England (14.4%) and Yorkshire and Humber region (14.3%) rates. * As per the 2018 Future In Mind: Barnsley Transformation Plan (2018 Refresh) approximately 75% of a CAMHS Consultant’s workload on the ADHD pathway is related to young person’s medication reviews. * Mental health is one of three top priorities in the 2019-2022 Barnsley Children and Young People’s Plan, as voted for by children and young people in Barnsley through the UK Youth Parliament ‘Make Your Mark’ Campaign (2018).   **Integrated Service**  This specification details a new approach to providing care for children and young people’s mental health. The new model will see an integration of the low-level and specialised support for children, young people, their families and the agencies that support them. This will remove barriers, reduce waiting times and create seamless care.  Traditionally a Children and Adolescent Mental Health Service (CAMHS) specification has been commissioned on a four-tiered framework and this has been the case in Barnsley. The tiered model is now over 20 years old and this specification focuses on moving away from this to implementing the [THRIVE](http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf) model. By acknowledging the radical culture shift the new service will re-design how children and young people access mental health and emotional wellbeing support.  This Children and Young People’s Mental Health Service (CYPMHS) will therefore move from a medical to a social model where the medical aspects of a child or young person are assessed as part of their wider needs including their social, behavioural or psychological needs. This approach will avoid the risk of stigmatising the child or young person with language which labels them with pathology and will focus on the strengths and needs of children and young people. The expectation is to a move to a flexible, responsive model and this service specification has been developed to support such.  Children and young people live in families. The service offered will need to ensure that the child is not seen in isolation to their family; that the family is seen as a key partner in improving the wellbeing of the child and that the health of the family (and family members) is an important component in improving the health of the child.  We require Providers to be innovative and offer a solution that provides the right skills, in the right numbers. We require the ability to flex services to meet the needs of the children and young people of Barnsley in accordance with the framework described within this specification. The service must be continuously pioneering and trial new and approved innovations to achieve the best outcomes for children and young people, their families and carers.  Integration in Barnsley  Closer integration between health and all aspects of social care, including Early Help and Targeted Youth Support (TYS), is a fundamental part of both national policy and of local strategy and is essential for population health management. The NHS Long Term Plan (2019) sets out a clear vision for closer working between NHS organisations, social services and the wider health and care system.  Whilst there has been significant progress with health and care integration locally there is a need to accelerate the pace of change. There is growing pressure on budgets. Growth in activity, particularly non-elective hospital admissions, and cost will outstrip growth in funding unless we deliver sustainable service transformation.  We want to create a system for health where governance and accountabilities, contracts and finances, services and pathways, workforce, IT, estates and engagement and involvement are all focused on achieving better health outcomes for local people.  **Barnsley Primary Care Network (PCN) and Neighbourhood Networks**  Primary Care Networks (PCN) support groups of GP practices to come together in partnership with community services, social care and other providers of health and care services. PCNs build on the core of primary care to enable greater provision of proactive, personalised, coordinated and more integrated health and social care.  Core characteristics of a PCN:   * Practices working together and with local health and care providers to provide coordinated care through integrated teams; * Providing care in different ways to match people’s needs, including joined up multidisciplinary care for those with more complex conditions; * Focus on prevention, patient choice and self-care, supporting people to make choices about their care; * Use of data and technology to assess population needs and inequalities; * Make best use of collective resources across practices and other health and care providers.   Barnsley Primary Care Network has six neighbourhood networks to deliver the neighbourhood service model, providing clinical leadership from primary care, figure one details the map of the networks.  **Figure 1: Barnsley Primary Care Networks**  S:\BarnsleyCCGLive\_TRANSFER Comms Engagement Barnsley CCG\Comms Engagement Barnsley CCG\Primary Care\Primary Care Networks\Map of boundaries\GP Main and Branch surgeries with Ward and AC - PCN BOUNDARIES.png  **Our Vision**  The future of health and care in Barnsley is to create an integrated joined up health and care system. A system where the people of Barnsley don’t see organisational boundaries. Instead, they experience continuity of care; they see familiar faces that are clearly connected to each other across services regardless of where they are seen, be that in hospital, in the community or at home.  Patients and their families are supported and empowered by what feels like “one team”, each delivering their part without duplication. Our goal is to dismantle boundaries at the point of delivery of care. The creation of a simpler, integrated health and care system would support a shift in focus on treating patients with health problems to supporting the community to remain healthy in the first instance. The aspiration would be for the “one team” to be considered to include Social Care and Voluntary Services.  The Provider(s) will work with all relevant agencies to ensure that services for children and young people with mental health problems are coordinated and address their individual needs, providing a holistic approach. The Provider(s) may also need to refer to other agencies, if the Provider(s) concludes that the needs of child/young people are better met by such. Referrals will be made using agreed protocols.  The multi-agency nature of CYPMHS will require a multi-agency approach to commissioning. Changes in one agency or one part of the system can affect demand and delivery in another. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to meet the needs of the populations they serve and to achieve wider system efficiencies. Services should work together in integrated ways to ensure appropriate communication and transitions.  Therefore, the Provider(s) should ensure they have excellent links with services regularly used by children and young people, or stakeholders who have an influence in children and young people’s services; including (not exhaustive):   * General Practice; * Schools and academies, further education colleges and other education providers; * 0-19 Nursing Service; * Children centres and early years settings (nurseries); * Early help providers; * Health visitors; * Other mental health services (adult, forensic); * Voluntary and independent sector providers; * Inpatient and specialist outpatient services; * Safeguarding – children and adults (Local Safeguarding Children’s Board); * Local authorities, Public Health, Health Education; * Acute sector hospitals; * Emergency departments; * Community child health; * Targeted Youth Service, including Youth Justice, Substance Misuse, Early help teenagers and support to families; * Secure settings – including Local Authority Secure Children’s Homes, and via the Youth Justice Service, Secure Training Centres, Secure Schools and Young Offender Institutes * Substance Misuse services; * Job centres and careers advice; * School Nursing; and * Perinatal mental health services.   Service Model  The new model will provide a truly integrated service with seamless care for children, young people and their families. Figure 2 below illustrates the support available from the four quadrants: Getting Advice (Coping), Getting Help, Getting More Help and Getting Risk Support.  Children and young people will be referred for the right support for their needs via a Single Point of Contact (SPC). The service will also provide in-reach support to schools and communities, complementing the existing provision in schools, the local authority and local mental health charities.  Getting Help and Getting More Help will be managed by a specialist mental health Provider(s) and in line with the THRIVE model, Getting Risk Support will be social care led with a strong interface with the specialist mental health services. The aim is to remove the barriers between services to create seamless support at any level of the quadrants.  A key priority in delivering this service specification will be for the service Provider(s) to have a robust understanding of the required demand and capacity to appropriately support the emotional health and wellbeing needs of the children and young people of Barnsley. In addition to developing accurate demand and capacity modelling there is the potential value of increased group work plus greater use of briefer interventions such as groups, drop-ins and increased use of technology (for parents/carers as well as children and young people).  Whilst this specification is a tierless system, NHS England Specialised Commissioning commissions very specific services known as Tier 4 and it is expected that the Provider(s) will interface with this provision. Tier 4 CAMHS offers inpatient services for those children in the greatest need (section 11 of this specification provides detail relating to expected interaction with Tier 4).  Figure 2: Service Model    Age  As outlined in the NHS Long Term Plan (2019) between the ages of 16-18, young people are more susceptible to mental illness, undergoing physiological change and making important transitions in their lives. The structure of mental health services often creates gaps for young people undergoing the transition from children and young people’s mental health services to appropriate support including adult mental health services. The new Barnsley model will aim to develop and extend current services to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults throughout the duration of the contract.   * 1. **Local Engagement**   This specification has been developed in collaboration with stakeholders and will be commissioned by NHS Barnsley CCG. Within Barnsley there has been recent work to understand what people think about children and young people’s mental health services.  This includes:   * John Healey MP survey on mental health crisis in Barnsley school (2018):      * Healthwatch: CAMHS Parents and Carers User Experience Report (2018):      * CHILYPEP and OASIS You’re Welcome standards (2019):     In addition, to help create this service specification, engagement with children, young people, their parents/carers, professionals and the public has taken place. From this we have a detailed picture of what key stakeholders expect from a mental health service for children and young people.  The following key elements have been written into the specification based on feedback to date:   * A joined up offer of more low-level support as well as specialised clinical support; * Offer children and young people robust, ongoing support while they are waiting to be seen; * The service will see people up to the age of 25 (this would be a gradual change). NB – The Local Authority have a Statutory duty to support Children in Care up to the age of 25 – where possible and appropriate the CAMHS Children in Care pathway should provide support to Barnsley’s Children in Care up to the age of 25 also – this may be a service development that is considered throughout the life of the contract * The service will see children and young people outside of school/college hours wherever possible so that they do not have to miss lessons to get support; * Children and young people want to be more involved in their treatment and care planning; * Parents and carers would like more support when their child/young person is being seen by the service; * The treatment environment should be suitable for children / young people, as appropriate * The service should provide technologically-based support tools such as online self-help and apps.   We would anticipate key stakeholders being able to continue to influence service development throughout the duration of the contract. |
| 1. **Policies and Guidance** |
| **2.1 National and Local Policies**  The Provider(s) must comply with all National and local requirements/duties within the listed legislation and policies and any subsequent legislation and policies relating to children’s and young people’s mental health and emotional wellbeing which comes into place throughout the duration of the contract.  **National Policies**   1. [Mental Health Act (2007)](hhttps://www.legislation.gov.uk/ukpga/2007/12/contents) 2. [Mental Capacity Act (2005)](http://www.legislation.gov.uk/ukpga/2005/9/contents) 3. [Children and Families Act (2014)](http://www.foundationyears.org.uk/files/2016/01/Children-and-Families-Act-2014.pdf) 4. [Equality Act (2010)](http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf) 5. [Care Act (2014)](http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf) 6. [No Health without Mental Health, Department of Health (2011)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf) 7. [Healthy Lives, Healthy People White Paper: Our strategy for public health in England (2011)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216096/dh_127424.pdf) 8. [The Children Act (1989](https://www.legislation.gov.uk/ukpga/1989/41/contents)) 9. [The Children Act (2004)](http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf) 10. [Counter-Terrorism and Security Act (2015)](http://www.legislation.gov.uk/ukpga/2015/6/pdfs/ukpga_20150006_en.pdf) 11. [Children and Social Work Act (2017)](http://www.legislation.gov.uk/ukpga/2017/16/pdfs/ukpga_20170016_en.pdf) 12. [Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children (2015)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf) 13. [RCPCH Safeguarding Children and Young People: Roles and Competences for Health Care Staff (2019)](https://www.rcn.org.uk/professional-development/publications/pub-007366) 14. [NHS England: Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)](https://www.engage.england.nhs.uk/survey/revised-safeguarding-framework/user_uploads/draft-framwrk.pdf) 15. [Five Year Forward View to Mental Health (2016)](https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf) 16. [National Future In Mind Report (2015)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf) 17. [Transforming Care Model Service Specifications: Supporting implementation of the service model (2017)](https://www.england.nhs.uk/wp-content/uploads/2017/02/model-service-spec-2017.pdf) 18. [Transforming children and young people’s mental health provision: a green paper and next steps (2017)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728892/government-response-to-consultation-on-transforming-children-and-young-peoples-mental-health.pdf) 19. [NHS Long Term Plan (2019)](https://www.longtermplan.nhs.uk/)   **Local Policies**   1. [Joint Strategic Needs Assessment (JSNA) (2016)](https://www.barnsley.gov.uk/services/our-council/research-data-and-statistics/joint-strategic-needs-assessment/) 2. [Barnsley’s ‘Future in Mind’ Local Transformation Plan (LTP) 2015-2020](http://www.barnsleyccg.nhs.uk/CCG%20Downloads/CCG%20Documents/Plans%20and%20strategies/LTP%20October%20Refresh%20with%20appendices.pdf) 3. [South Yorkshire and Bassetlaw ICS Sustainability and Transformation Plan](https://www.healthandcaretogethersyb.co.uk/application/files/4715/0703/7667/South_Yorkshire_and_Bassetlaw_Sustainability_and_Transformation_Plan.pdf) 4. [Barnsley’s Health and Wellbeing Strategy (2016-2020)](https://www.barnsley.gov.uk/media/4161/barnsleys-health-wellbeing-strategy-pdf-final.pdf) 5. [Barnsley Children and Young People’s Plan (2019-2022)](file:///C:\Users\lucyhinchliffe\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Local%20Policies\CYP-plan-2019-2022-final.pdf) 6. [Barnsley Children in Care and Care Leavers Information (2019)](https://www.barnsley.gov.uk/services/children-families-and-education/children-in-care-and-care-leavers/) |
| 1. **Outcomes** |
| **3.1Service Outcomes**  NHS Barnsley CCG support a positive culture shift through the application of the THRIVE model. The Provider(s) will embed the principles of the THRIVE model to commission a goal-focused, patient-centred, whole-system approach to supporting children and young people with mental health and emotional wellbeing issues. The service will be designed to fit around the needs of children and young people locally. The Provider(s) will be the champion across the system, utilising other services to form part of the wider local offer, and in particular low level mental health support services in Barnsley’s schools / education settings (as per the Green Paper, Transforming children and young people’s mental health provision, 2017). The use of a whole system collaborative approach and evidence from the needs assessment will support this new model of care.  The service will be expected to work closely with existing community and voluntary sector services which work with children and young people experiencing mental health issues, but in particular should develop strong relationships with CHILYPEP and Barnsley’s Young Commissioners, OASIS.  The service will perform and operate to these following service outcomes and also align to the NHS Barnsley CCG’s outcome framework stated in 3.2.  As per the Future in Mind (2015) key proposals, the service will:   1. Improve public awareness and understanding about mental health issues for children and young people to tackle stigma and discrimination; 2. Provide children and young people with timely access to clinically effective mental health support; 3. Instigate a step change in how care is delivered, moving towards a system built around the needs of children, young people and their families (away from the ‘tiered’ model); 4. Increase use of evidence-based treatments with services rigorously focussed on outcomes; 5. Make mental health support more visible and easily accessible for children and young people; 6. Improve care for children and young people in crisis so they are supported in the right place at the right time and as close to home as possible; 7. Improve access for parents/carers to evidence-based programmes of intervention and support to strengthen attachment between parent/carer and child, avoid early trauma, build resilience and improve behaviour. 8. Provide a better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when and where they need it; 9. Improve transparency and accountability across the whole system to drive further improvements in outcomes. 10. Ensure professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support for those who need it.   **3.2 NHS Outcomes Framework Domains & Indicators**   |  |  |  | | --- | --- | --- | | Domain | Description | Met  (Yes/No) | | Domain 1 | Preventing people from dying prematurely | Yes | | Domain 2 | Enhancing quality of life for people with long-term conditions | Yes | | Domain 3 | Helping people to recover from episodes of ill-health or following injury | Yes | | Domain 4 | Ensuring people have a positive experience of care | Yes | | Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm | Yes |   **3.3 Public Health Outcome Framework**   |  |  |  | | --- | --- | --- | | Domain 2 | Health Improvement | X | | Domain 4 | Healthcare, public health and preventing premature mortality | X | |
| **3.4 Service Outcomes, Key Performance Indicators and Reporting Requirements** |
| **Outcome 1: To Deliver the THRIVE Model** |
| The Provider(s) will implement a tierless system to children and adolescent mental health services. |
| **To deliver this outcome you will:** |
| * Ensure the service is designed around the needs of children, young people, their parents/carers and there is a proactive shift to early intervention and prevention; * Depending upon assessment, children and young people may enter the service at any one of the quadrants: Getting Advice (Coping), Getting Help, Getting More Help, or Getting Risk Support; * Ensure that children and young people receive the right care at the right time, with the right professional or clinician for their care, supporting escalation where necessary, whilst addressing the child’s or young person’s needs at the lowest possible level of intervention; * Ensure that there is an effective referral system that prioritises referrals based on urgency, complexity and clinical need (see section 6 for more detail on the referral process); * Ensure that however children and young people first present with difficulties, all referrals are responded to quickly and effectively, so that the child’s or young person’s condition does not deteriorate; * Ensure that the child or young person is kept safe with the least restrictive intervention; * Deliver consistent waiting times regardless of the child’s or young person’s age, location or referral method, providing equity of quality and access whilst providing a locality focus; * Ensure there is support available within the whole system approach for lower level mental health issues to reduce the number of children and young people whose difficulties then escalate to needing a clinical response; * Ensure the care provided is delivered by staff with the necessary competencies, training and skills and have the appropriate qualifications and registrations to meet the needs of the children and young people; * Operate a seamless step-up-step-down model of provision to ensure a responsive approach to managing children and young people’s mental health according to their level of need and required support; * Provide support and guidance for the child, young person, their parents/carers whilst navigating the mental health pathway to ensure that they are provided with appropriate support with the most relevant service to meet the needs of the child or young person; * Work with parents/carers to understand reasons why children or young people are not brought to appointments and work creatively based on findings to maintain high engagement rates throughout the duration of the contract; * Operate a policy which supports children and young people who are not brought to appointments making contact with the child or young person, parents/carers as appropriate and the Provider(s) will not close a case without informing the referrer that the child or young person has not been brought; * The Single Point of Contact (SPC) will then make explicit re-engagement policies available to referrers, children, young people and parents/carers; * Explore creative means to ensure that interventions are offered in styles and settings which promote engagement with children, young people and parents/carers; * Routine Outcome Measures (ROMs) must be used to support clinical discussions and service improvement; * Taking into account the treatment trajectories (to be agreed between Commissioner and Provider(s) prior to the commencement of the contract) the Provider(s) must have a full understanding of the service capacity levels and staff workloads. This will be evolving and the Provider(s) will continually work to understand demand and capacity; * The Provider(s) will use technology which enables interaction with the Shared Care Record; * The ‘backlog’ or number of children who have been waiting for treatment will be addressed, in particular for ADHD, by working in partnership with existing Providers and utilising technology for example apps or online support. * The Provider(s) will deliver comprehensive early support to pre-school families including parenting programmes, to reduce the need for specialised support. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include the following referral to treatment times:  **Referral to treatment times (Clock speeds)**   |  |  |  | | --- | --- | --- | | **Response** | **Timeframe** | **Definition** | | Crisis | 1 hour | Requires urgent assessment | | Urgent | 7 days | At risk of deterioration to crisis point | | Routine | 4 weeks | In a stable condition but requires care or support | |  |  |  | |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract. |
| **Outcome 2: To Deliver the THRIVE Model (Getting Advice - Coping)** |
| To support children, young people and their families/carers that are adjusting to life circumstances with mild or temporary difficulties. |
| **To deliver this outcome you will:** |
| * Provide support, information, advice and guidance to children, young people, their families/carers through a variety of methods, who present with mild or temporary difficulties whilst navigating the mental health pathway to ensure that they are provided with appropriate support with the most relevant service to meet their needs; * Develop, in collaboration with local third sector provider(s), two mental health support teams in schools which reflect the aims and objectives of the Green paper, Transforming children and young peoples’ mental health provision (2017). One of these teams should support the emotional health and wellbeing of our pupils in each of the 10 Barnsley Secondary Schools and one team is to support the more vulnerable primary school-aged children, especially those who are educated at home, children in care and those pupils who identify as being part of the LGBTQ+ community * Promote and enable increased resilience building and emotional wellbeing within children, young people and their families/carers and the wider community through a variety of methods (e.g. peer support models); * Embed the principles of THRIVE by being the champion of the children and young people’s mental health system and support the development of the capacity and confidence in staff across the children’s workforce * Provide advice, support and training to universal services to enable seamless access to the right support for children and young people, in particular it is expected that the service:   + Provide in-reach support to communities including but not exclusive to parents and expectant mothers focusing on prevention and skills;   + Provide in-reach support to schools and colleges;   + Be a link between the service and healthcare professionals, schools, colleges and academies;   + Provide a programme of any appropriate training to other services to evidence good quality care through identified pathways;   + Promote other emotional wellbeing and mental health services and sign-post professionals to these resources,   + Utilise local resources in developing the Barnsley Mental Health and Emotional Wellbeing Hub; * Create a digital offer for children, young people and parents/carers which:   + Promotes and develops self-help resources for children, young people their families/carers;   + Provides free and timely access to online counselling forchildren and young people within the borough;   + Provides effective sign-posting for children, young people and their families/carers to local services and other helpful resources; * Provide comprehensive consultation, advice and liaison to other professionals when navigating the mental health pathway, including but not exclusive to telephone advice and consultancy.   + The telephone consult is expected to reduce low-level referrals to the service to enable children’s needs to be met efficiently;   + Consultation and advice about the appropriateness of referral and for information about accessing the service;   + Provide support, information, advice and guidance to other services and professionals who are working across the children’s workforce through a variety of different and engaging ways. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:  On a monthly basis:   * Number of Barnsley schools/colleges/academies referring into the service (if they are not referring then determine why) * Number of referrals sign-posted or escalated to a service, including escalation and de-escalation details. * Number of schools/colleges/academies engaged with * Number of community groups engaged with (identified and agreed with the OASIS group) * Number of people accessing the telephone consult service broken down by:   + Caller (e.g. GP, teacher, parent)   + Outcome (e.g. referral made, signposted) * Number of website hits broken down by:   + Page visited   + Number of online counselling sessions delivered at the ‘Getting Advice’ level. |
| **Outcome 3: To Deliver the THRIVE Model (Getting Help)** |
| Support children, young people and their families/carers who would benefit from focused evidence-based treatments. |
| **To deliver this outcome you will:** |
| * Provide targeted work with children and young people using focused, evidence-based treatments with clear aims and criteria for assessing whether the aims have been achieved; * Provide short evidence-based interventions which are recommended by NICE guidance; * Drive down average waiting times for treatment and reduce the number of children and young people on waiting lists; * Ensure that the mental health support teams in schools offer robust, step-down options * Ensure pathways are NICE concordant which will assist in the removal of barriers to access, ensuring that children and young people receive the same quality of care and provision according to their individual needs; * Provide a variety of interventions at a variety of locations in ways that meet the needs of children, young people and their families; * Provide positive, constructive interventions and treatment options to deter and avoid escalation to more extensive level of interventions; * Support Children and Young People Improving Access to Psychological Therapies (CYP IAPT) across the children’s workforce; * Provide appropriate therapy such as Cognitive Behaviour Therapy (CBT), DBT (Dialectical Behaviour Therapy) and MST (Multisystemic Therapy) as per the clinical and supervision guidance * Deliver the principles of attachment theory and trauma related work * Sign-post children, young people and their families/carers with behavioural, communication, emotional and social difficulties to the early help offer. * At the beginning of treatment, work with children and young people and (where appropriate to do so) their families to co-produce treatment goals and discharge plans ensuring these are shared; * Operate plans and policies for supporting children and young people on waiting lists and define an offer of treatment to those who are currently on the waiting list for services. * Define what support is available to those exiting the service and operate an open access back to the service within 12 weeks of discharge. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract. |
| **Outcome 4: To Deliver the THRIVE Model (Getting More Help)** |
| Support children, young people and their families/carers with the most impairing difficulties. |
| **To deliver this outcome you will:** |
| * Provide extensive longer-term evidence-based interventions for children and young people who have the most impairing difficulties, this may include in-patient care or extensive outpatient provision; * Work alongside and support children and young people with long-term conditions; * Provide support, assessment, diagnosis and treatment for all mental health conditions, including but not limited to:   + The neurodevelopmental pathway includes Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD). It should be noted that the ASC assessment and diagnostic pathway is provided by the acute Trust, Barnsley Hospitals NHS Foundation Trust but there is an expectation that there will be an element of post-diagnosis mental health support provision by CAMHS. It is anticipated that the Provider(s) will work collaboratively with all relevant partners to develop one neurodevelopmental assessment and diagnosis pathway in Barnsley (to include all neurodevelopmental conditions) and that this should be achieved within 2 years of the contract start date.   + Emergency specialist mental health assessments (children and young people presenting as needing an emergency assessment include: those who have rapidly developed a serious or life-threatening condition, for example, a young person who is suicidal); * Provide crisis support for all children and young people who would enter at any of the quadrants; * Ensure that all assessments encompass the consideration of safeguarding concerns and that should any issues be identified, these are acted upon in accordance with the local multi-agency procedures; * Work in partnership and deliver assessment and diagnosis through a pathway in a smooth and integrated manner. * Access to a Consultant Psychiatrist for crisis support, where appropriate, or other, appropriately qualified practitioner, will be provided 24 hours a day, 7 days a week, call out times should not exceed 2 hours; (There is recognition that, where appropriate, this support may be delivered via another service, such as the all-age Liaison Mental Health service) * Emergency specialist mental health assessments and crisis support will be provided 24 hours, 7 days a week including bank holidays; * Appropriate interventions and support for all children and young people in a mental health crisis or emotional distress situation will be provided 24 hours a day, 7 days a week, including bank holidays to facilitate timely discharge from acute healthcare settings; * Ensure that medication reviews are undertaken at appropriate times by appropriately qualified staff. * Implement local arrangements to monitor the use of antipsychotic medication in people with autism and behaviour that challenges. * Shared care agreement protocols to be implemented and maintained, supported by the CCG’s Clinical Pharmacists if appropriate. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Number of children and young people who are waiting to be offered an assessment appointment and their wait in weeks (average, maximum, minimum) * Total number of patients waiting for treatment and average wait in days * Number of ADHD referrals * Total number of children and young people diagnosed with ADHD * Number of referrals received into each pathway, for example: * CORE * ADHD * ASD * Eating Disorder * Looked After Children * Learning Disability * Young People in the criminal justice system * Young people with substance misuse needs and engaged in substance misuse services * Evidence of the use of outcome measures, appropriate to conditions * Number of medication reviews each month broken down by month, condition and staff member undertaking review. * Number of children and young people discharged from the service, broken down by: * Transitioned to Adult Mental Health Services * End of care/recovery in the community * Tier 4 * Disengaged with the service/was not brought * Another CAMHS service * Community/voluntary sector service |
| **Outcome 5: To Deliver the THRIVE Model (Getting Risk Support)** |
| Support the needs of children, young people and families where there is no current health treatment available, but they remain at risk to themselves or others. This is likely to be socially care-led |
| **To deliver this outcome you will:** |
| * Develop and deliver ‘Getting Risk Support’ for children; young people and their families/carers in order to avoid admissions to the NHS England commissioned Tier 4 service; * Deliver short-term intensive interventions for those children and young people who are on the edge of entering Tier 4 services. It is expected that the model will include a community outreach service; * Implement a responsive team to meet children’s and young people’s needs in a crisis, offering support within a range of settings but most especially within the individuals home and hospital settings; * Provide support for children, young people, and their families/carers that are unable to benefit from evidence-based treatments but remain a significant concern or risk. This may include children and young people who routinely go into crisis but who are not able to make use of help offered or where help is offered, it has not been able to make a difference (e.g. self-harm, emerging personality disorders or ongoing issues that have not yet responded to treatment); * Provide face-to-face assessments for children and young people prior to discharge from A&E; * Have responsibility in developing close interagency collaborations with other partners and services to meet the needs of the child, young person and their families/carers; * Ensure there is clarity around which agency is leading the case for the child or young person; * Ensure safety plans are co-produced across other agencies and in agreement with the child, young person and parents (if appropriate); * Ensure there is an integrated multi-agency approach to support children, young people and their families/carers across all agencies; * Initiate an Early Help Assessment if required; * Develop self-help materials appropriate to children and young people; * Emphasise the development of peer support and personal support networks; * Improve the services and support for children, young people and their families/carers that require ‘risk support’; * Annual review of Safeguarding Arrangements, including audit; * Evidence of co-produced risk and safety plans around the individual, with the young person, their families/carers and other agencies. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Number of individualised risk and safety plans produced; * Number of children and young people who received a crisis assessment who are discharged and sign-posted to other services, including early help – categorised by destination; * Number of Early Help Assessments initiated; * Number of children and young people with a co-ordinated safety plan; * Number of referrals into Tier 4 services; * Percentage of Patients Attending A&E Who Are Known To CYPMHS. |
| **Outcome 6: To capture the voice of the child, young person their families/carers** |
| Engage with children, young people their families/carers to understand their experience of services and the care that they receive. |
| **To deliver this outcome you will:** |
| * Engage with children, young people and their families/carers to capture the voice of the child through a range of methods (e.g. focus groups, surveys, workshops etc.); * Ensure children, young people, their families/carers are active decision makers in goals and outcomes set and the care that they receive; * Work with children, young people, their families/carers on the co-designing of services and any improvements to be implemented; * Link to other agencies undertaking engagement and consultation with children and young people to ensure a collaborative approach such as OASIS Young Commissioners; * Undertake a review of staff, patient and family views of the service on an annual basis which will be shared with key stakeholders including but not limited to children and young people in service, staff, families, carers, the CCG, local providers working with children and young people, Healthwatch, BMBC; * Where children have a shared care arrangement ensure that those caring for children are given relevant updates around the child or young person’s support from the service. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Evidence that children and young people are achieving their agreed goals/outcomes within agreed timescales (evidenced through appropriate outcome measures); * Evidence that children and young people that exit support, report a positive increase in confidence at being able to manage their own situation. Including an assessment against:   + Self-assessed wellbeing   + Resilience   + Symptom change   + Impact on life   + Risk management * Evidence of continuing of consultation with children, young people, their families and carers; * Demonstrate improvement of services and support available through working with children, young people, their families/carers from their feedback; * Number of compliments and complaints from children and young people and parents/carers; * Number of serious incidents; * Record of complaint outcomes and actions taken; * Deliver a year on year improvement on the Family & Friends Test; * Best/worst performing areas of the questionnaire identified and acted upon through an agreed plan with the commissioner. |
| **Outcome 7: Mental health and emotional wellbeing support is provided in the right place at the right time** |
| To ensure the delivery of services for children, young people, their families and carers fits their needs. |
| **To deliver this outcome you will:** |
| * The Provider will have a base within Barnsley and operate a Hub and Spoke model incorporating the delivery of outreach services. Services will be provided in neighbourhoods as per the Barnsley six neighbourhood networks; * The service will be delivered from identified community settings within Barnsley including but not limited to the home of the child or young person, Family Hubs, LIFT buildings, schools/academies/colleges, and GP Surgeries, IKIC (I Know I Can) Centres and Targeted Youth support buildings * Rooms will be suitable, safe and welcoming for children and young people with adequate space; * Provide services locally for children and young people across Barnsley proportionate to need; * Ensure children, young people, their families/carers are offered appointments in a broad range of locations and times which suit them best, to limit the impact on the child or young person’s education; * Deliver care within, but not exclusive to, existing Family Hubs, community, IKIC Centres and Targeted Youth Support facilities, and academic settings across the borough including the home of the child or young person; * Ensure that appointments are flexible, appropriate and convenient to support children, young people, their families/carers to ensure their needs are met in the right environment and location to support their age, neurological development and maturity needs. |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Number of contacts by location * Total number of contacts by type of contact * Evidence of the service’s flexible opening times * Evidence the range of locations offered for appointments * Evidence that opening hours reflect the needs of children, young people and their families by undertaking an annual review of their views * Evidence the use of technology / digital solutions |
| **Outcome 8: Develop effective working relationships with all partners and key organisations** |
| Work collaboratively with partners and other professionals across the children’s workforce. |
| **To deliver this outcome you will:** |
| * Act as the champion for children and young people’s mental health system, guiding children, young people, their families/carers through the system; * Work in partnership with a range of other services, including the community/voluntary sector; * Work with a range of partners across the children’s and adult’s workforce and the social care system. There will be an expectation that the Provider(s) will be part of these formalised partnerships and support appropriate governance groups for example the CYP Trust Executive Group; * Become a part of established partnership working and integrate seamlessly into existing care pathways, working with full range of partners and professionals to ensure that the child or young person receives the right support at the right time; * Work collaboratively and jointly with all other partners and services across the children’s workforce and align to other agendas and strategies and attend meetings as appropriate (e.g. multi-agency safeguarding arrangements, Looked After Children forums) * Link with educational settings to ensure access to advice and support for young people through specified in-reach support to schools/colleges/academies; * Ensure that advice and support is made available to staff who are working with young people with identified mental health needs in aged 16+ education provision; * Work with professionals in identifying the children and young people with the most complex and challenging presentations; * Provide an outreach element and links to other agencies, services and existing resources using a multi-disciplinary approach to meet the needs of children and young people * Support Providers of services to children, young people and families/carers with a broad range of relevant advice and support for children and young people experiencing mental health problems, including those with complex, persistent and severe behavioural needs (e.g. attention deficit hyperactivity disorder, Autism). |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * On a 6 monthly basis provide an Engagement report which outlines the engagement activities undertaken in the period, those organisations linked with and the outcomes achieved. |
| **Outcome 9: Ensure transitions between services are planned and supportive** |
| Ensure appropriate advice and support is provided throughout the transition journey for children, young people their families/carers |
| **To deliver this outcome you will:** |
| * Work collaboratively, liaise and link with Adult Mental Health Services to ensure a smooth transition and continuity of care; * Ensure young people who will move from children's to adults' services have an annual meeting to review transition planning; * Ensure young people who are moving from children's to adults' services have a named worker to coordinate care and support before, during and after the transfer; * Ensure young people who will move from children's to adults' services meet a practitioner from each adults' service they will move to before they transfer; * Implement and manage appropriate and effective transition pathways to Adult Mental Health Services * Ensure advice and support is available for children, young people, their families/carers who are likely to require a service from Adult Mental Health Services; * Ensure that children, young people, their families/carers who are not likely to require a service from Adult Mental Health Services have a support plan in place following their discharge from the service; * Ensure there are effective discharge policies and procedures which set out the steps in which a child or young person will be discharged in place, in agreement with the child, young person, their families/carers and in conjunction with the referrer, including discharge summary to the referrer, parent (where appropriate), the GP and any other relevant professionals within 7 working days; * Ensure that the Care Programme Approach, or equivalent standard, is used on discharge from in-patient care and on transition from child to adult services. * Where a young person is moving to another service, whether to adult mental health services or to a different service, the Provider will ensure that the agreed transition protocol is followed. As a minimum this will involve:   + a joint meeting between the Provider and the new service that includes the child/young person and/or parent/carer, and a written discharge summary, followed up after 6 months to check that the transition has proceeded smoothly; and   + the Service having protocols in place to ensure that transitions between services are robust and that, wherever possible, services work together with the Service User and parents/Carers to plan in advance for transition (this is especially critical in the transfer from CYPMHS to adult mental health services and primary care or other services, e.g. voluntary/third sector). This includes local transition protocol. * The Psychosis pathway 14+ is provided by adult mental health services – the provider will work collaboratively with this service |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Number of children and young people discharging from the service * Number of children and young people transitioning to Adult Mental Health Services * Number of transition plans developed |
| **Outcome 10: Ensure the service provided is accessible for all vulnerable groups** |
| To provide an accessible and effective service for all children and young people who are vulnerable |
| To deliver this outcome you will: |
| * Work proactively with all vulnerable groups, including the following:   + Children in Care (CiC) or children and young people who are subject to child protection procedures   + Special Educational Needs and Disability (SEND)   + Children or young people ‘Not in Education, Employment or Training (NEET)’   + Young Carers   + Refugees/Unaccompanied Asylum Seeker   + Homeless/Traveller/Trafficked children and young people   + Lesbian, gay, bisexual and transgender (LGBT)   + Gender identity   + Out of area children or young person who are placed in Barnsley   + Expectant mothers and their families   + Those supported via Early Help   + Those who are involved in the Youth Justice System   + Those at risk of exploitation * Provide a service which meets the needs of a culturally diverse population and ensure that the mental health needs of children and young people from minority ethnic groups are met as appropriate with access to appropriate information and interpretation services; * Deliver a service which provides priority access to CAMHS for Children in Care and those who are accessing Youth Offending services / support * Work on a flexible basis with Care, Residential and Fostering and Adoption Services, providing innovative and creative ways of working with this vulnerable group of young people and their families/carers, to ensure a collective response via care planning processes. * Provide direct access to advice and support and a direct referral route from Care and the Fostering and Adoption Services, via a specified pathway. * Ensure high levels of information sharing with the CIC Health Team, Fostering and Adoption Team, Residential Units and Care, including sharing psychological reports and outcomes of emotional screening tools for looked after children (where appropriate); * Connect with Children’s Services to implement a graduated response which enables and supports Early Help and Child Protection processes. * Provide a full range of specialist services for children and young people with a learning disability ensuring the service meets their needs and they will be able to access any aspect of any assessments, therapy and treatments that would be open to a young person without a learning disability; * Ensure the service is provided by staff who have the necessary training and competencies to deal with children and young people who have learning difficulties; * Provide advice and support to: * All relevant parties involved in the looked after child’s care about their emotional and mental health both prior to the child or young person returning home, and once they have returned home following an episode of Care provision; * Adoption social workers; * Prospective adopters, regarding children and children and young people’s needs and placement requirements. * Provide advice and strategies to: * Parents who request support in managing children and young people’s needs and behaviours post adoption * Foster carers and residential workers who request support in managing looked after children and care leavers mental health issues * Provide direct work with children and young people; * Liaise and link with services providing support for looked after children post-care arrangements, over 18 years old. * Support the work of the Youth Justice partnership and wider Targeted Youth Support Services through the provision of an appropriate MDT, Co-located with TYS, and clinically supported by the provider * Ensure that there is a clear and responsive pathway to provide forensic analysis of young peoples’ behaviour and intervention to address needs, in partnership with the Youth Justice service |
| **Key Performance Indicators:** |
| All Key Performance Indicators will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be primarily focused around access and waiting times and outcomes. |
| **Reporting Requirements:** |
| All Reporting Requirements will be agreed between Provider(s) and Commissioners prior to the commencement of the contract but will be expected to include:   * Number of referrals, broken down by: * CIC * SEND * Child protection plan * Early Help * Child in need * Refugee * Unaccompanied asylum seeker * Number of patients in a vulnerable group with an open referral * Number of patients in a vulnerable group seen per month * Clients in Youth Justice System * Clients accessing support through Targeted Youth Support Services * Client accessing support through substance misuse services |
| 1. **Legal and Regulatory Framework** |
| The service will operate according to relevant legislation and guidance, with particular reference to:   * Mental Health Act 1983 (amended 2007) and Code of Practice, including protocols for emergency assessment under Section 136 * Mental Capacity Act 2005 * Children’s and Families Act 2014 including specific duties in relation to children and young people with SEND which are outlined within the SEND Code of Practice 0-25. * Equality Act 2010 * National Service Framework, 2004 * Care Act 2014 * The Human Medicines Regulations 2012 * Public Services (Social Value) Act 2012 * The Children’s Acts 1989 and 2004 * Safeguarding procedures (e.g. Working Together to Safeguard Children 2018) * The findings from serious case reviews in particular the requirements to share information in a timely manner. See Working Together to Safeguard Children for further guidance * Promoting the health of looked after children * NHS Choice of Provider initiative * Personal Health Budgets may be a good way of arranging services for some patients. * If appropriate, the provider will be registered with the Care Quality Commission. * The provider will ensure that all professionals will remain compliant with their relevant professional standards and bodies and be revalidated as required. * The provider will have an indemnity scheme. * The provider will have a governance system to manage and learn from complaints and incidents and to meet the training and supervision needs of its staff. A service that does not have any (formal or informal) complaints should be of as much interest as one with a high level of complaints. If children, young people, parents/carers or referrers do not have a mechanism to raise concerns, this could suggest a service is not working in partnership with its clients and referrers. * Providers and commissioners may wish to consider the use of Independent Advocacy Services to support children and young people to gain access to information, to fully explore and understand their options, and to make their views and wishes known. |
| **5. Eligibility Criteria** |
| * The service is for children and young people up to their 18th birthday. * Throughout the duration of the contract the service will extend provision for children and young people up to their 25th birthday, potentially in a phased manner * All residents and temporary residents (including students, gypsies and travellers and children and young people on placement) within Barnsley or where a child has been placed by the Local Authority or Youth Custody service out of the Barnsley area, but is ordinarily a resident of Barnsley. * If it is more appropriate the young person can access support within the Adult Mental Health Service. * Early Intervention Psychosis is provided by Adult Mental Health Services for those aged 14 and over (though the Provider will have transition arrangements in place to ensure that children and young people who require treatment for early signs of psychosis are referred to the Early Intervention Team for Psychosis) * Please note: referrals specifically for consultation for private law proceedings (e.g. custody issues) are excluded from the service but the service will need to support Youth Justice requirements. * If a child or young person does not meet the eligibility criteria as referred to above, the Provider will work alongside appropriate services to identify a pathway to alternative support options to the referrer.   Clear referral criteria to be established and agreed with commissioners prior to commencement of the contract and the criteria are to be defined in reference to the Thrive quadrant descriptors. |
| **6. Referral Process** |
| All referrals into the service will be managed through a Single Point of Contact (SPC). The SPC and earlier intervention will require partnership with and direct delivery by community / voluntary partners. There is the potential of developing the SPC model further, as part of the wider system’s approach advocated by the THRIVE model, and as part of the children and young peoples’ emotional health and wellbeing Hub which is evolving in Barnsley.  Referrals to the service are expected from GPs and those working within services for children including education, health and social care and the voluntary/community sector.  The Provider will:   * Accept appropriate referrals into the service from any professional (including but not exclusive to, all parts of the health service, social services, early help and/or education services); * Support the screening process within the SPC, including developing and maintaining an algorithm and shall undertake specialist second stage screening for mental health needs requiring referral into the service; * Confirm receipt of the referral to the referrer within 24 hours which will make clear that the universal case holder continues to hold responsibility for the child/young person and should maintain links until and throughout the child’s input from the Provider; * Confirm the outcome of referral within 5 working days of receipt of referral; * Work in collaboration with the child, young person and their families/carers to be active decision makers in choosing the right approach for them; * Work within local pathways combining personalised care and collaborative practice for the best outcomes. * Where ‘inappropriate’ referrals occur, the referrer will be provided with advice and guidance for supporting the referred child/young person; |
| **7. Assessment** |
| The Provider will use a wide range of different evidence based interventions and treatment options which offer choice to young people, including but not exclusive to:   * Cognitive Behavioural Therapy (CBT) * Brief solution focussed therapy * Systemic Family Therapy * Play therapy * Art therapy * Family therapy * Evidence-based parenting and family interventions * Psycho-social/education intervention * Individual therapy * Group work * Psychiatric intervention * Psychotherapeutic intervention * Counselling * Long term therapeutic work * Medication * Trauma-Focused Cognitive Behavioural Therapy, * Prolonged Exposure Therapy * Eye Movement Desensitisation and Reprocessing Therapy   In clinical terms the Provider(s) will be working with moderate to severe presentations which will include, but will not be exclusive to the following:  Anxiety Disorders   * Depressive Disorders * Hyperkinetic Disorders * Developmental Disorders * Conduct Disorders * Obsessive-Compulsive Disorder * Post-Traumatic Stress Disorders * Somatic Syndromes * Eating Disorders * Autism Spectrum Disorder * Behavioural Problems * ADHD * Attachment Disorders * Self-Harm   The service will work in a multi-agency approach to provide support for the presentations outlined below:   * Family issues (where this is having an adverse effect and the child/young person is showing signs of developing a mental health problem or disorder) * Mild, moderate and severe emotional and behavioural disorders * Child behaviour problems (e.g. sleep, feeding, tantrums) once physical causes have been considered and the behaviour falls outside what might be considered to be within the range of normal behaviour * Other mood disorders (e.g. low self-esteem) * Adjustment reactions * Simple phobias * Self-harm (mild to moderate) * Bereavement * Bullying * Anger management issues * Relationship problems * Conduct disorder and oppositional defiant disorder; PDA (Pathological Demand Avoidance) * Suicidal ideation * Dual diagnosis (including comorbid drug and alcohol use) * Neuropsychiatric conditions * Development disorders * Significant mental health problems where there is comorbidity with mild/moderate learning disabilities or comorbid physical and mental health problems * Mood disorders * Harmful sexual behaviours, specifically around forensic assessments and needs but also to provide advice and guidance to practitioners working with these issues through the MDT process.   NB: Presentations that could be described as emerging personality disorder will be accepted under mood disorder, suicidal ideation and self-harm. |
| **8. Consent** |
| The Provider will establish a robust referral process with appropriate mechanisms to ensure all referrers obtain appropriate, informed consent prior to making a referral. |
| **9. Days and Hours of Operation** |
| **9.1 Standard Services**  The Provider will operate a flexible and responsive service that includes evenings and weekends to enable the service to meet the needs of the individual, allowing children and young people to access support at the right time. This flexibility will help to reduce its impact on absenteeism in schools and improve access to the service and promote early intervention. The exact opening hours will be negotiated with the Commissioner and informed by children; young people their families/carers that use the service.  **9.2 Emergency Specialist Mental Health Assessments and Crisis Support**  Emergency specialist mental health assessments and crisis support will be provided 24 hours a day, 7 days a week, including bank holidays. |
| **10. Location** |
| Children and young people’s emotional health and wellbeing support services are to be provided as flexibly as possible in appropriate locations that meet the needs of the children and young people and their families / carers. |
| **11. Tier 4 Provision** |
| There is an expectation that the Provider will case manage these children and young people ensuring that outcomes are being met.  The Provider will:   * Have responsibility for working with and maintaining effective communications with the North of England Specialised Commissioning Group, Yorkshire and Humber Office Commissioners and Regional Case Managers to place children and young people in requiring day and inpatient services and some highly specialist outpatient services; * Assess the children and young people in greatest need, consider the management of risk, establish appropriate management and treatment plans and refer to specialist services when required; * Wherever possible the Provider should take ownership to facilitate children and young people being able to step down back into local community services as soon as possible, ensuring the child and young person’s stay within inpatient services or highly specialist outpatient series is as short as deemed necessary; * Inform commissioners of any incidents of admission into Tier 4 in real time and then also followed up within the contracting performance report data; * Inform the commissioners of any trends identified and liaise with the relevant partners and agencies to identify the emerging trends; * Ensure that the T4 care is reviewed regularly and every opportunity is used to bring the child or young person back into local services as early as possible. |
| **12. Continuing Healthcare (CHC)** |
| Children in receipt of Continuing Care have had the legal right to have a Personal Health Budget (PHB) since October 2014. This includes the provision of a direct payment, third party managed account or notional budget to meet their agreed health and wellbeing needs. From April 2015 people with Long Term Conditions including Mental Health and Learning Disabilities have also had the right to ask for a PHB. In April 2019 this has been extended to those entitled to Section 117 aftercare and Personalised Wheelchair Budgets. This specification supports the implementation of personalistion. |
| **13. Standards and Quality Assurance** |
| The Provider will have a clear set of internal Policies and Procedures to support practices and meet the requirements of legislation and local policy throughout the terms of the contract as described within the specification.  The Provider will comply with legislation and standards and are responsible for adhering to any new relevant legislation or applicable National standards during the term of the contract.  Applicable National and Local Standards Set out in Guidance and/or Issued by a Competent Body:   * Quality Network for Community CAMHS Standards * Quality Network for Inpatient CAMHS Standards * Wellbeing Directory & ACE V Quality Standards * Child Outcome Research Consortium (CORC) * Choice and Partnership Approach (CAPA) * CYP IAPT Accreditation Council (NHS England) values and standards following a wide consultation with professionals, children/young people, parents and carers * Associated Policy Documents * Applicable Local Standards * Infection Prevention Control * Safeguarding Children * Safeguarding Adults with care and support needs * LSCB/SAB multi-agency Policies and Procedures * Service Review * All applicable NICE Guidance * The Provider will submit the required information to the Mental Health Minimum Data Set and be compliant with all reporting requirements for NHS and commissioners statutory returns. |

1. World Health Organisation (WHO): <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health> [↑](#footnote-ref-1)
2. Barnsley Borough Profile 2019: <https://www.barnsley.gov.uk/media/11759/our-borough-profile-20190724.pdf> [↑](#footnote-ref-2)
3. Fingertips data: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000003/ati/102/are/E08000016> [↑](#footnote-ref-3)